Commonwealth of Massachusetts

Executive Office of Elder Affairs

State Plan on Aging

Federal Fiscal Years 2006 – 2009

'The Aging of Massachusetts'

"We promote the independence and well-being of elders and people needing medical and social supportive services by providing advocacy, leadership and management expertise to maintain a continuum of services responsive to the needs of our constituents, their families and caregivers."

Elder Affairs Mission Statement

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Elder Affairs Toll Free Number: 1-800-243-4636

TTY: 1-800-872-0166 Elder Abuse Hotline: 1-800-922-2275

Websites: www.mass.gov/elders and www.800ageinfo.com

Introduction

In April 1971, the Massachusetts Executive Office of Elder Affairs became one of the nation's first cabinet-level agencies responsible for addressing the problems and needs of senior citizens.

Originally a small advocacy group, the Executive Office of Elder Affairs assumed its mandate to fund services in 1973 with the passage of the Acts of 1973 Chapter 19a General Laws of Massachusetts that created the Office. Elder Affairs absorbed the activities and responsibilities formerly carried out by both the Governor's Commission on Aging and the Aging Bureau within the Department of Community Affairs. These responsibilities included the provision of services to enable disabled elderly individuals to live safely at home. Today Elder Affairs directs services to nearly 36,000 elders through state funded Home Care Services. The agency manages long-term care services provided to eligible MassHealth members of all ages that cover three main areas: Community Services, Coordinated Care Systems and Institutional, Residential and Day Services. Moreover, Elder Affairs administers Title III and Title VII social and nutrition services under the Older Americans Act, and fulfills advocacy, planning, and policy functions on behalf of the 1.1 million elders of the Commonwealth.

As stated in the establishing Massachusetts Act it is "the principal agency in the Commonwealth to mobilize the human, physical and financial resources to plan, develop and implement innovative programs to insure the dignity and independence of older person." Elder Affairs' adherence to these fundamental principles continues today as we explore new programs and populations toward fulfilling our mission.

> *"We promote the independence and well-being of elders and people needing medical and social supportive services by providing advocacy, leadership and management expertise to maintain a continuum of services responsive to the needs of our constituents, their families and caregivers."*

Older Americans Act of 1965, Guidelines and Programs

Title III Programs originated within the Older Americans Act (OAA) of 1965, which sought to bring focus and coherence to the national response to the needs of elder Americans. Title III of the OAA, as amended, authorizes funding and provides parameters for operation of programs which address the entire spectrum of elders' needs through in-home and community based initiatives. Though special emphasis is placed on elders with particular economic or social needs, all Americans over age 60 may benefit from OAA and Title III programs.

The OAA, as amended, establishes the Administration on Aging (AoA), as the agency within the United States Department of Health and Human Services that serves as the federal focal point and advocate agency for older persons and their concerns. Working closely with a nationwide network of regional offices and State and Area Agencies on Aging, AoA plans, coordinates and develops community level systems of services that

meet the unique needs of individual older persons and their caregivers. AoA also plays a key advocacy role by connecting with other federal agencies, public and private organizations and the general public to reveal the policies, programs and possibilities inherent in promoting elders and the services that address their needs.

The AoA oversees and administers Older Americans Act programs nationally through designated State Units on Aging (SUA). The Executive Office of Elder Affairs (Elder Affairs) exists as the Commonwealth of Massachusetts' SUA. In accord with OAA directives, Elder Affairs divides the Commonwealth into distinct Planning and Service Areas (PSA) based on a number of relevant factors, including:

- Geographical distribution of older individuals in the State;
- Incidence of the need for supportive and nutrition services;
- Distribution of older individuals who have the greatest economic need; and
- Distribution of older individuals who have the greatest social need.

The SUA is responsible for designating a public or private nonprofit agency or organization as the Area Agency on Aging (AAA) for each PSA. Elder Affairs has designated twenty-three such AAA's. In partnership with Elder Affairs, the twenty-three AAA's in Massachusetts perform a wide range of functions including, advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, and monitoring and evaluation toward the goal of developing and enhancing comprehensive and coordinated community based systems for serving elders.

The following list of Federal Fiscal Year 2005 Older Americans Act funding is awarded to Elder Affairs using seven distinct categories:

OAA Funding Category	Federal FY 2005 Award
Title III-B Supportive Services	$8.2 mil
Title III-D Preventive Health	$.5 mil
Title III-C1 Congregate Meals	$9.8 mil
Title III-C2 Home Delivered Meals	$4.0 mil
Title III-E Family Caregiver Services	$3.6 mil
Title VII Elder Abuse Services	$.1 mil
Title VII LTC Ombudsman Services	$.3 mil
Nutrition Services Incentive Program	$4.5 mil

Massachusetts State Plan on Aging, 2006 – 2009

As the lead agency in Massachusetts for the advancement of elders and the programs and services that address this population, Elder Affairs is responsible for developing a State Plan on Aging. The Massachusetts State Plan on Aging (State Plan) is prepared every four years for submission to the Administration on Aging. The Plan addresses Elder Affairs role as the leader relative to aging issues on behalf of all older individuals in Massachusetts. Elder Affairs role as the focal point for developing and managing programs and services for Massachusetts' elders places the office in a position to address

the current service demand as well as the burgeoning call for services that are inevitable as the Baby Boomer generation begins to call for services. Elder Affairs is responsible for executing a wide-range of functions designed to support and assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

The State Plan encompasses Federal Fiscal Year 2006 through 2009 and serves as the identifying instrument for promoting the policies and programs Elder Affairs will focus on in supporting a comprehensive and coordinated system that provides services to elders in the Commonwealth. Each program managed at Elder Affairs, along with each unit within the agency plays a role in the administration and delivery of services to elders and their caregivers and in so doing, supports the State Plan. The State Plan provides a means for shaping the policy development, administration, coordination, priority setting, and evaluation of State activities related to the objectives of the Older Americans Act. Additionally, the State Plan provides Elder Affairs the opportunity to market vital programs, while also existing as a focus for highlighting future planning concerns.

The Massachusetts State Plan on Aging comprises three main goals:

1. Provide a comprehensive planning document that communicates the Commonwealth's plans in the next four years and beyond, within an environment of imminent demand for services from the Baby Boomer generation.

2. Serve as a collaborative endeavor for fostering comprehensive and coordinated elder service systems whilst embracing a system-wide approach to planning, policy development and program management across State, Federal and local institutions.

3. Represent the recently reorganized departments and subdivisions of the Massachusetts Executive Office of Health and Human Services, highlighting the enhanced resources and responsibilities of the Executive Office of Elder Affairs.

Highlighted Accomplishments

As we continue on our course in planning for programs and policies toward attaining our mission, and as we interpret the changing needs of the elder population in Massachusetts through an analysis of the 2005 Massachusetts Needs Assessment survey, we recognize that Elder Affairs is involved in a multitude of programs and services. Following are highlights of our work in joining with the elder service network in Massachusetts to provide a wide array of services in helping to prevent elder isolation in the goal of promoting independence in order that elders remain in their community for as long as possible.

- Councils on Aging in Massachusetts served 454,000 unduplicated clients in more than 100 different programs in ten major service categories during fiscal year 2004. Additionally, approximately 32,800 volunteers recorded more than 50,000

hours of volunteer service per week, on average through municipal Councils on Aging in fiscal year 2004.

- The Serving the Health Information Needs of Elders (SHINE) program collaborated with the Medicare Outreach and Education Project and trained 75 bi-lingual counselors to work with Limited English Proficient (LEP) Medicare beneficiaries.

- The SHINE program trained 75 Long Term Care specialists to provide information on the options for paying for long-term care.

- In collaboration with the University of Massachusetts, Elder Affairs revised the Prescription Advantage enrollment and claims administration processes to encourage the use of a new Medicare drug benefit for low-income adults created by the Medicare Modernization Act. The revisions have reduced the co-payments made by many Prescription Advantage members. Revisions were aided by the passage of a bill proposed by Governor Romney in 2004 that allowed Massachusetts to use an automated process to enroll eligible Prescription Advantage members in the new Medicare benefit.

- In July 2004, over 27,000 low-income members were automatically enrolled in the Medicare-endorsed Public Sectors Partners' discount card which enabled them to use Medicare transitional assistance for prescription costs of up to $600 per member per year. Continuing automatic enrollments of new members brought this figure to over 29,000 by December 2004.

- During Federal Fiscal Year 2004, over 21,000 caregivers received direct services; 15,000 caregivers attended training or support groups: and 3,800 caregivers received respite or supplemental assistance.

- The supportive housing program, developed and implemented jointly by Elder Affairs and the Department of Housing and Community Development, was recognized as a "Best Government Practice" model by the Shamie Center at the Pioneer Institute.

- Through January 2005, there are 181 certified assisted living residences serving approximately 12,721 individuals.

- Effective July 1, 2005, eligibility for the state's Home and Community-Based Services Waiver (1915 (c) waiver) for Frail Elders was expanded to include those with incomes up to 300% of the SSI standard. This will allow Elder Affairs to offer home and community based waiver services to up to 1,700 additional frail elders who are clinically eligible for nursing facility services but who did not qualify under previous financial standards.

- The Elder Protective Services program implemented a $1,874,000 or 16.3% increase in funding included in the State Fiscal Year 2005 final and supplemental

budgets. The additional 19.75 protective services workers hired as a result of this funding represent a 14% increase in staffing. Consequently, caseloads have been reduced to within Elder Affairs' guidelines and the need to triage services to abused, neglected or exploited elders has been reduced. The increased funding also enhanced intake functions at our Protective Services agencies in response to a 29% increase in reports.

- Completed first tier training of the National Ombudsman Resource Center's, National Ombudsman Reporting System (NORS) complaint coding as required by the Administration on Aging, including comprehensive training of all local program directors and assistant directors.

- Elder Affairs is in the process of implementing the Caring Homes pilot. This pilot will permit exploration of an enhanced Adult Foster Care (AFC) Program and provide a new option for community based care to certain seniors with complex medical and/or cognitive needs. Caring Homes will provide personal care services and supports for seniors (60 years of age or older), in a home setting, with a one-client to one-home ratio, 24 hours a day/seven days a week.

Moving Forward

As a result of the confluence of several trends, including increased longevity, improved management of chronic disease, and increased public interest in community based long term care supports, Massachusetts, like its sister states, is working assiduously to achieve an appropriate balance between community care and institutional care. Given the projected growth in the aging population over the next few decades, the administration is committed to finding more effective approaches to providing long-term supports that efficiently respond to the needs and preferences of elders.

The Massachusetts State Plan on Aging for fiscal years 2006 through 2009 provides a framework for our continued work in providing services under the Older Americans Act, as well as continuing our work with State funded programs in developing and enhancing comprehensive and coordinated community based systems for serving elders.

The Executive Office of Elder Affairs

The Massachusetts Executive Office of Health and Human Services (EOHHS) and the Executive Office of Elder Affairs (Elder Affairs) underwent the most significant reorganization in their respective histories in August of 2003. Legislation adopted by the Massachusetts Legislature that year (Massachusetts Act and Resolves 2003, c. 26, ss. 15-18, 308, 312, 551, 700, 715) designated EOHHS as the Medicaid Single State Agency while making Elder Affairs subject to the authority of the Secretary, EOHHS. Elder Affairs was assigned responsibility for long-term care services previously administered by the state's Division of Medical Assistance (DMA) Office of Long Term Care, as DMA was dissolved and its functions were parsed among several new and existing agencies. Among the universal benefits of the restructuring was to more closely identify the daily operations of Elder Affairs with the four principal goals enunciated within the U.S. Administration on Aging's Strategic Action Plan for Fiscal Years 2003-2008.

The practical effect of reorganization as it occurred within Elder Affairs was to align the programmatic, fiscal, advocacy and policy components of support services for elders, while maximizing the inherent opportunities to reduce the fragmentation that previously existed in the service delivery system. Moreover, it brought together the management of Medicaid (in Massachusetts, 'MassHealth') funding, which pays for a wide range of home and community-based long-term care medical services and services provided in nursing facilities (formerly the domain of the now defunct DMA) with management of state funding for care management and non-medical support services, which had traditionally been managed separately by Elder Affairs. This distinctive relationship, beginning in August 2003, joins these two functions in cooperating on a daily level under the auspices of Elder Affairs.

Given Elder Affair's enhanced breadth and capacity it was appropriate to revisit our vision and mission. The Executive Office of Elder Affairs held five meetings between Fall 2003 and Winter 2004 to help with transition planning for the agency. The meetings sought input from stakeholders on the future direction of long-term supports in Massachusetts. The meetings incorporated staff from Elder Affairs and the MassHealth Office of Long Term Care (OLTC) with a variety of stakeholders from the aging network representing consumers, advocates, and both community and institutional providers. The outcome was a renewed mission statement for Elder Affairs that identified initiatives and additional planning processes to implement the new mission envisioned by the combined agency.

In order to bring cohesive functioning to an enlarged agency and support broadened visions and mission objectives, in addition to supporting the four goal areas of health, financing, housing and social services, Elder Affairs senior management is arranged into the following four office configurations. Information about each of the programs within the new organizational structure follows.

- The Office of the Chief of Staff
- The Office of Planning and Program Development
- The Office of Program Management and Administration and Finance
- The Office of General Counsel

The Office of the Chief of Staff

Principal Components:

Chief of Staff	External Affairs
Press and Communications	Legislative and Intergovernmental Affairs
Elder Protective Services	Ombudsman Services
Information and Resources	SHINE Program
Local Affairs	

The Office of the Chief of Staff coordinates Secretariat initiatives across legal, policy and program development, operations, legislative and external affairs in cooperation with the Secretary and Assistant Secretaries. The Chief of Staff fosters communication and working relationships between and among all units of the Secretariat. The Office of the Chief of Staff is also responsible for:

- Legislative and intergovernmental affairs, including tracking relevant legislation, commenting on legislation where appropriate, and developing and advancing agency's legislative agenda;
- External affairs, press and communication, including the development of agency publications, press releases and public awareness campaigns, and working with stakeholders to ensure continuing dialogue and input;
- Protective services and ombudsman services, including the protective services program, the money management program, and the long term care, community care, and assisted living ombudsman programs;
- Community and local affairs and information, including fostering a close relationship with municipalities (especially through their councils on aging) providing health insurance counseling services on a local level through the SHINE program, and by regularly visiting communities across the Commonwealth to provide information and to obtain feedback and input.

The Elder Protective Services Program receives and investigates reports of elder abuse and provides or arranges for necessary services to victims of abuse in order to remedy the abusive situation. Elder abuse includes physical, sexual and emotional abuse, neglect by a caregiver, financial exploitation and self-neglect. The program serves persons 60 years old and older who reside in a community setting. The program is supported by a 24-hour a day seven days a week Elder Abuse Hotline, (1-800-922-2275), which ensures continuous access to the program and a prompt response to urgent situations. To encourage elder abuse reporting, Massachusetts state law requires certain professionals to report suspected incidents of elder abuse. Under the mandated reporting arrangement, mandated reporters include physicians, dentists, nurses, therapists, social workers, police officers, firefighters, as well as other professionals who have regular contact with elders. Persons who are not mandated reporters may also make elder abuse reports. Both mandated and non-mandated reporters have immunity from civil or criminal liability associated with making an elder abuse report as long as the reporter did not commit the abuse. In the case of non-mandated reporters, the immunity provisions only apply if the report was made in good faith.

The Elder Protective Services Program in Massachusetts operates under two core principles. The first is that an elder's right to self-determination must be respected. The second principle is that services must be provided in the least restrictive and appropriate manner possible. Respecting an elder's right to self-determination means that an elder who is capable of making decisions must be allowed to refuse a Protective Services investigation or the provision of services to address the abusive situation. When an abused elder is incapable of making decisions, court ordered services and interventions may be sought. Court ordered interventions include Protective Service Orders, Restraining orders and Guardianship services. Providing services in the least restrictive and appropriate manner possible means that in-home and community based services must be considered and given priority over institutional placement in meeting and abuse elder's needs. Only when available in-home and community based serves are inadequate to meet an abused elder's needs may placement be pursued.

Protective Services Guardianship Program provides conservator and guardianship services to abused elders who have been determined by a court to be unable to manage their financial and/or personal affairs. A conservator is appointed by the court to manage the financial affairs of an individual, while a guardian is given broad powers to manage both the personal and financial affairs of another person. When a Protective Services client appears to require a conservator or guardian, it is the responsibility of the Protective Services program to petition the court for this intervention.

The Money Management Program deploys trained and monitored volunteers who provide bill-paying assistance to elders who are having difficulty managing their finances. Money management is a primary prevention program which helps prevent financial exploitation and enables elders to remain safe and secure in their homes.

Long Term Care Ombudsman Program assists residents of nursing and rest homes. Services include: complaint investigation and resolution; information and referral; and advocacy for change in the long term care system. Volunteer ombudsmen are assigned to facilities and have access to all nursing and rest home residents. The program is operated through 24 local elder service agencies.

Assisted Living Ombudsman Program improves the quality of life for assisted living residents in the areas of health, safety, welfare or resident rights. The Assisted Living Ombudsman acts as a mediator and resolves problems or conflicts between the assisted living facility and its residents. The Ombudsman serves as an advocate for resident rights, promoting the dignity, autonomy and respect of residents.

Community Care Ombudsman Program assists elders and their families in the community by investigating and resolving their complaints. Covered community care programs include: programs of medical, functional or social support services that are provided to an individual living in their home, apartment, in a day care program, or a managed care demonstration program under the Social Security Act. Also covered would be home health services, community based Medicaid programs, the state home care funded program, and federally funded and private pay elder care programs specified by the Secretary by regulation. This program increases protection of elders and their family

members who are having problems dealing with issues in the receipt of community care services.

Information and Resources Program administers the 1-800-AGE-INFO telephone line. Callers can connect with the Elder Affairs aging network through this toll-free line. Staff at Elder Affairs provides elders and their families with information and referral to the myriad programs one may need. Together the Community Care Ombudsman and the Information and Resources Programs assist approximately 10,000 callers each year. Callers tend to be frail individuals seeking services, as well as vibrant elders who want to know about potential services that might be of future assistance to them. Many are family members who are also current or potential caregivers or clients. Neighbors of elders also call to ensure that all possible services are known to an elderly individual residing on their street or in the same apartment complex.

SHINE, the State Health Insurance Counseling Program for Elders and Disabled Adults, provides accurate and unbiased health benefits information, assistance and counseling to elders and disabled Medicare beneficiaries of all ages through a corps of certified volunteer health benefit counselors. SHINE counselors help individuals understand their choices, select insurance coverage and then help them to fully use their benefits by explaining what their benefits are and showing them how to navigate the managed care or fee for service health care system.

Councils on Aging and Senior Center Programs provide social and health services, advocacy, and information and referral services for elders at the local level. Councils on Aging are municipal agencies that receive funding under formula and service incentive grants, as well as technical assistance from the Executive Office of Elder Affairs.

The Office of Planning and Program Development

Principal Components:

Planning and Program Development	Administration of the Older Americans Act
Nutrition Program	Senior Community Service Employment
Housing Policy	Assisted Living Certification
Community First Policy	Data, Quality and Evaluation

The Office of Planning and Program Development is responsible for the planning and development of the full range of programs in the Agency. This includes the establishment and execution of a long-term policy agenda as well as ongoing consultation with the Massachusetts Executive Office of Health and Human Services (EOHHS) leadership regarding policy and development issues. In addition, the Planning and Program Development Unit is responsible for development efforts throughout the Agency related to initiatives across the Secretariat. The office also involves the oversight of Housing, Nutrition, Older Americans Act - Title III Planning, the Senior Community Service Employment Program and the Data, Quality and Evaluation unit. Additionally, the group is responsible for overseeing the Centers for Medicare and Medicaid Services (CMS) Aging and Disability Resource Center grant, coordinating Elder Affairs' involvement in a range of CMS grant activities across EOHHS, operating specific pilot programs and overseeing development projects with the University of Massachusetts Medical School. In addition, the unit is coordinating the National Governors Association Long Term Care Policy Academy activities and the development of specific features of Elder Affairs' Community First policy.

Administration of the Older Americans Act involves the Executive Office of Elder Affairs' responsibility for all planning, policy development, administration, coordination, priority setting, monitoring and evaluation of State activities related to the Older Americans Act. Elder Affairs develops a State Plan that describes how it shall carry out this responsibility in partnership with the state's 23 Area Agencies on Aging.

The Nutrition Program administers and coordinates twenty-eight nutrition projects throughout the state and serves eight million meals to elders each year. Meals are provided at congregate meal sites as well as to homebound elders.

SCSEP, the Mature Staffing Solutions Senior Community Service Employment Program places eligible applicants in nonprofit or public/community service agencies where they receive on-the-job training for at least 20 hours per week. Participants are paid at least the current minimum wage during their temporary assignments and work with SCSEP to locate permanent part-time or full-time employment. Participants benefit from SCSEP in many ways including, receiving assistance in developing job search skills and in locating a permanent job; obtaining paid work experience to improve job skills, while also developing new skill capacity; establishing a current work history and an up-to-date resume; paid sick leave; paid holidays; worker's compensation insurance; and a yearly physical examination.

The ultimate goal of the program is to provide the participant with the tools necessary to obtain unsubsidized employment. Collaborating with the One Stop Career Centers and the Office of Workforce Development provides SCSEP additional training and employment options for participants. Currently there are five national sponsors operating in Massachusetts; Experience Works, Operation ABLE, Senior Service America, SER - Job for Progress and the National Asian Pacific Center on Aging. Elder Affairs has created close working partnership with the national sponsors to ensure as many citizens as possible are afforded the opportunity to participate in SCSEP.

Housing Policy is responsible for both developing strategies to increase access to, and quality of, supportive housing services across the Commonwealth, including quality monitoring, regulation and other management aspects of housing services. Additionally, the Housing Policy unit is responsible for managing **Supportive Housing** services to residents of public housing developments that replicate many of the advantages of Assisted Living, including 24-hour onsite staffing, a daily meals program, medication reminders to residents, and housekeeping, transportation, grocery shopping and laundry services to all those who qualify. The program is jointly operated with the Department of Housing and Community Development in 22 sites across the state serving over 3000 residents. The Housing Policy group also coordinates **Congregate Housing** sites upon which a shared living environment design is intended to integrate housing and service needs of elders and disabled individuals. Services are made available to aid residents in managing activities of daily living in a supportive, but not custodial environment. There are currently 722 units in 55 locations throughout Massachusetts.

The Assisted Living Certification Program is responsible for oversight and certification of 184 Assisted Living Residences facilities across the Commonwealth. Assisted Living is a residential option that stresses privacy, dignity, autonomy, and individuality and is a combination of housing and supportive services including personal care (such as bathing and dressing) and household management (such as meals and housekeeping).

Community First Policy is an overarching principle for all our services. One important feature of this policy is the development of a research and demonstration waiver for elders and individuals with disabilities to be submitted to the Centers for Medicare and Medicaid Services (CMS). CMS has also approved an amendment to expand the financial eligibility for Massachusetts' frail elders in order for more individuals to have access to home and community based supports as a step along the way. The Community First waiver will facilitate access to home and community services as an alternative to institutional care, whenever appropriate. The intention is to expand financial eligibility to a larger number of individuals while also providing a wider range of choices and flexibility among community supports to assist those in need.

Data, Quality, and Evaluation Unit provides oversight and consultation on the Secretariat's comprehensive data and analysis to inform program development, management and design and evaluation for elders and people with disabilities. The Unit plays a leadership role in establishing data standards, requirements and methods in the Agency and is responsible for providing leadership on quantitative analytic activities for the Policy and Program Development unit, including person level, linked, Medicaid and

Medicare claims and eligibility databases. Staff within this area are responsible for managing and ensuring the consistency and quality of all types of information required for the Agency including cost, utilization, functional status and assessment data on a person-specific basis for MassHealth and state-funded services. The Unit further coordinates research and evaluation activities to support units across the Secretariat for both state and federally funded services, using the comprehensive data strategy that is currently under development. In addition, the Unit plays a leadership role in establishing and implementing quality standards, in collaboration with program management, and oversees evaluation activities across the Agency.

The Office of Program Management and Administration and Finance

Principal Components:

Program Management	Adult Community Support Programs
Home Care Program	Enhanced Community Options Program
Community Choices Program	Family Caregiver Support Program
Prescription Advantage	
Long Term Care	Community Services
Coordinated Care Systems	Institutional, Residential and Day Services
Administration and Finance	Accounting and Contracts Division
Information Technology Division	Human Resources Department
Revenue Unit	

The Office of Program Management is responsible for program management under the following elder care community services:

Adult Community Support Programs are community-based programs that offer services to elders and their caregivers and are administered throughout the Commonwealth by the Executive Office of Elder Affairs. Community programs are delivered through contracts with 27 private non-profit corporations called Aging Services Access Points (ASAPs), or through one of 23 Area Agencies on Aging (AAAs.) Most of these agencies are combined entities, while three AAAs operate as agencies separate from the ASAP network. The ASAPs provide case management services to clients that include a comprehensive, interdisciplinary needs assessment and the development of a care plan to address the documented needs of these clients. Currently elders, depending on their clinical needs, and to some extent income, can have access to a wide array of services from homemaking and grocery shopping to personal care and companionship. Many elders who are MassHealth eligible will also qualify for the 1915c Home and Community-Based Services Waiver program, which, as with standard MassHealth, allows Elder Affairs to obtain federal reimbursement. ASAPs contract with a variety of providers to make the appropriate services available through several types of programs as established and delineated by the Executive Office of Elder Affairs, including:

The Home Care Program, which offers an array of services that may include: homemaker, personal care, transportation, home delivered meals, laundry service, grocery shopping services, adult day care, chore services, companionship, personal emergency response, respite, adaptive housing, and emergency shelter; and

The Enhanced Community Options Program (ECOP), which provides home care services to frail elders who meet current clinical criteria for nursing facility placement and therefore require higher levels of service. ECOP provides a greater amount of services for these elders with the goal of allowing them to remain in the community and avoid institutional care; and

The Community Choices Program provides intensive services to frail elders at imminent risk of nursing home placement. Choices clients must be receiving services through the Medicaid Home and Community-Based Services Waiver. They have access to a rich menu of home care services as well as Title XIX state plan services (such as adult day health and home health services) available to MassHealth members. The ability to provide Choices clients with extensive home care services and supports allows them to remain in the community, avoiding admission to a nursing facility; and

The Family Caregiver Support Program provides support and services to caregivers who are providing care for a relative or friend over 60 years old, as well as to grandparents who themselves are 60 years old or older and caring for children up to the age of 18. The Family Caregiver Support Program is available to such caregivers regardless of their income or eligibility for other programs or services. The program offers information, advice, referral to, and assistance in accessing local services, one-on-one assistance, training, support groups, short-term respite and other options which meet the unique needs of caregivers.

Prescription Advantage provides eligible Massachusetts residents an option for affordable insurance to help pay for prescription medications. The plan provides coverage to all Massachusetts elders' aged 65 or older and younger people with qualified disabilities and low income. Prescription Advantage is unique as the first state sponsored drug insurance plan in the nation.

The Office of Long Term Care (OLTC) manages long-term care services provided to eligible MassHealth members of all ages. The OLTC manages these programs through contracted networks of eligible providers. OLTC manages the services, and the providers who provide them, by establishing programmatic and pricing regulations, and monitoring providers' compliance with those regulations. OLTC also manages two capitated benefit plans that provide a full range of acute and long-term care services to enrolled elders. OLTC is organized into three areas: Community Services, Coordinated Care Systems, and Institutional, Residential, and Day Services.

OLTC - Community Services

Home Health Services are provided to MassHealth members who may be homebound and require a skilled nursing or skilled therapy service. Covered services include nursing, home health aide, physical therapy, occupational therapy, and speech language therapy. All home health services must be furnished under a plan of care established individually for the member by the member's physician

Nursing Services provide continuous nursing services to MassHealth members living in the community who require more than a two-hour visit. This service is provided by both home health agencies and independent nurses and requires prior authorization from MassHealth.

Hospice Services are MassHealth covered services for all MassHealth members who are either living in the community or in a nursing facility. For those who elect to receive Hospice Services, the service is provided as an all-inclusive medical benefit (that is,

nursing, physician, counseling, homemaker, home health aide, therapies, drugs, and durable medical equipment and medical supplies are no longer separately covered).

OLTC - Coordinated Care Systems

Program for All-Inclusive Care (PACE) is a fully capitated Medicare and Medicaid program that serves frail individuals 55 and older who meet the clinical criteria for admission to a nursing facility, and who, at the time of enrollment in PACE, are able to remain in the community with supports. PACE sites use an interdisciplinary team of clinicians in an expanded adult day health model to provide and manage all health, medical and social service needs. There are currently six (6) PACE providers and 10 PACE centers located in Greater Boston, Worcester, and the North Shore.

Senior Care Options (SCO) is a new, fully capitated Medicare and Medicaid program that is being offered to eligible MassHealth members age 65 and over, at all levels of need, in both the community and institutional settings. Qualified senior care organizations have been selected to contract with MassHealth and the Centers for Medicare and Medicaid Services (CMS), and have established large provider networks that are coordinating and delivering all acute, long-term care, and mental health and substance abuse services to MassHealth enrollees, in accordance with a geriatric model of care. The senior care organizations are Commonwealth Care Alliance, Evercare SCO, and Senior Whole Health. These organizations are currently operating across much of the state and are increasing their provider networks as enrollment grows.

OLTC - Institutional, Residential and Day Services

Nursing Facilities is a MassHealth program that provides nursing facility coverage to members who meet certain clinical criteria, namely, the individual must require one skilled service daily or the member must have a medical or mental condition requiring a combination of three services. The combination may include assistance with at least two (2) activities of daily living (ADLs) and a nursing service three times per week.

Adult Day Health (ADH) services are community-based day services provided to members who need assistance with one (1) activity of daily living (ADL) or one (1) skilled service. The services provided focus on nursing, therapy, nutritional, dietary, counseling, activities, case management, and assistance with ADLs.

Chronic Disease and Rehabilitation Hospitals are non-acute hospitals that provide inpatient and outpatient services. MassHealth contracts with 17 in-state private hospitals, two (2) out-of-state private hospitals, and four (4) state-owned (Department of Public Health, DPH) hospitals.

Adult Foster Care provides a MassHealth member with daily assistance with personal care services, as well as case management oversight. Services are provided in the caregiver's home.

Group Adult Foster Care (GAFC) services provide a MassHealth member with daily assistance with personal care services (ADLs and IADLs as needed), as well as case

management oversight. Services are provided in a group housing setting, such as Assisted Living Residences, or certain types of elderly/disabled housing.

Targeted Case Management (TCM) services are case management services provided to MassHealth members diagnosed with AIDS and living in congregate AIDS housing. The housing sites are staffed, congregate or residential, housing programs that meet the Department of Health's AIDS Bureau funding requirements.

Coordination of Care Program screens MassHealth members and applicants for clinical eligibility for MassHealth services including nursing facilities, adult day health (ADH), adult foster care (AFC), group adult foster care (GAFC), Program of All-Inclusive Care of the Elderly (PACE), Enhanced Community Options Program (ECOP), CHOICES, Home and Community-Based Waiver Services (HCBW) and other community based MassHealth services.

Clinical Services oversee and monitor clinical issues for institutional, residential, and day services, including nursing facility patient acuity audits and compliance, and clinical information collection support activities. Activities are supported by nurses in field locations across the state, i.e., Boston, Milford, Revere, Springfield, Taunton, and Tewksbury.

The Office of Administration and Finance is responsible for all core administrative and financial functions of the agency, including:

- Accounting
- Contracts
- Human Resources
- Information Technology
- Revenue

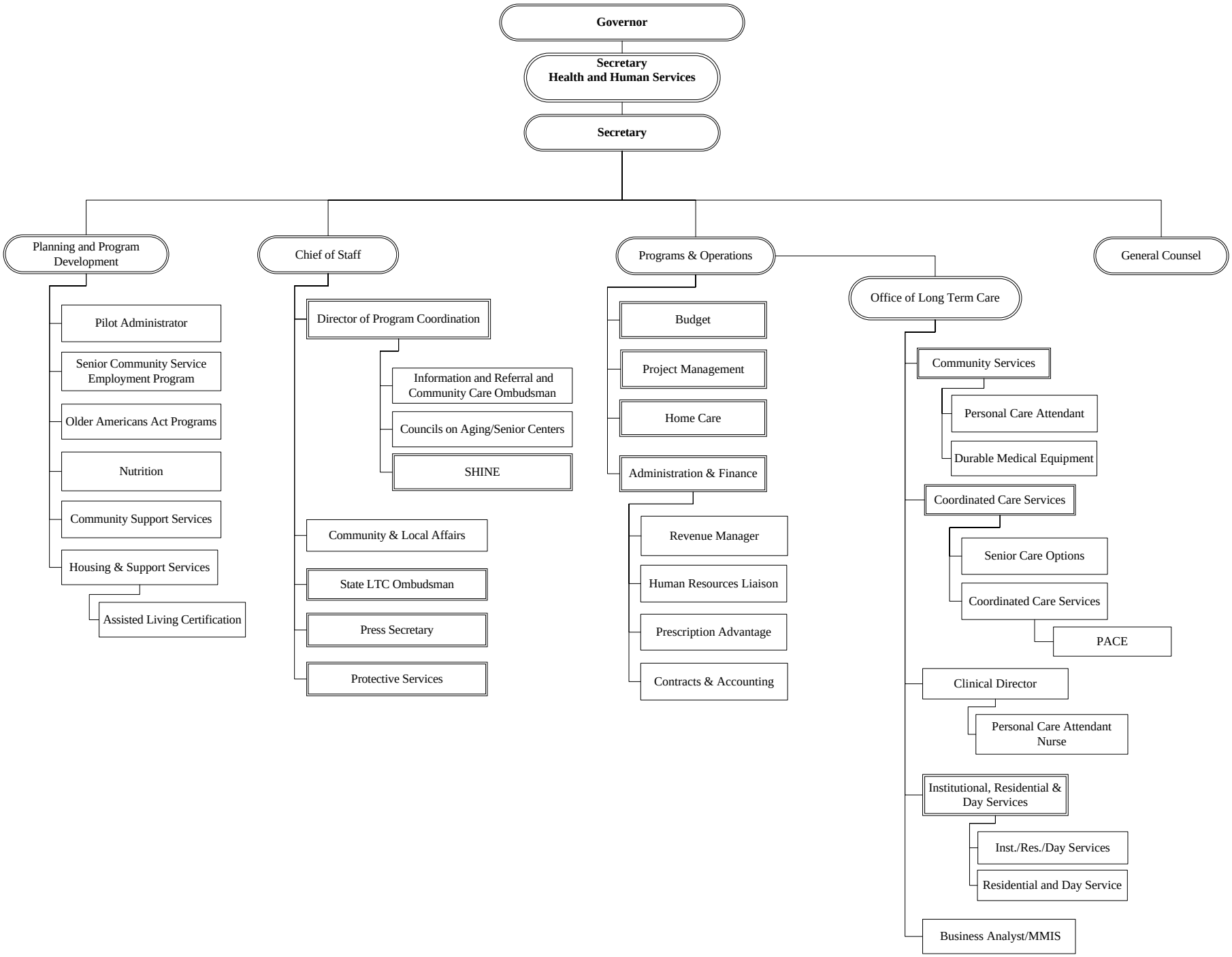
The Office of General Counsel

Principal Components:

General Counsel	Legal Assistance Development

The Office of General Counsel provides legal advice for the Department by rendering legal opinions, reviewing contracts, grants and interagency agreements, and assisting in agency policy formulation. The office also provides representation in litigation, coordinates with the Office of the Attorney General and reviews proposed legislation to assure best interests of elders. Coordination is provided for all regulation and rule promulgation for Elder Affairs' programs, including rule promulgation for its nutrition program, assisted living facilities, protective services, prescription drug insurance plan, home care program, long term care ombudsman program. Additionally, the group works with Area Agencies on Agency, legal services providers, and statewide and local bar associations to promote training and education related to law and aging to enhance the legal services available to Massachusetts elders. The Office of General Counsel is also responsible for serving as legal services developer and providing information and referral on how elders may obtain legal representation.

Massachusetts Executive Office of Elder Affairs



2005 Needs Assessment of People Aged 60+ in Massachusetts

Overview

Massachusetts is among only a handful of states that collaborate with Area Agencies on Aging as to conduct a statewide representative survey every four years. Each time, the state conducts twenty-four surveys (1 statewide plus 23 local) simultaneously to achieve a comprehensive assessment of the Massachusetts elder population. The survey results are abstracted below, and an example of the questionnaire with the percentage distribution of responses follows.

Objectives

This is the fourth statewide random sample survey since 1993 conducted by the Massachusetts Executive Office of Elder Affairs and the state's twenty-three Area Agencies on Aging. To receive Older Americans' Act funding, the Massachusetts State Unit on Aging and AAAs are required to develop a Four-Year Plan which is based on the best statistics available. To better address the needs of the elders, these agencies also want to have a better understanding of the changing demographic, social and economic conditions of the senior population.

Unlike program statistics, these surveys engage individuals who have never had any contact with the Aging Services network. Over 4,000 elders responded to this survey. Results are highly consistent with findings of previous statewide surveys and the most recent U.S. Census.

Massachusetts has always had a larger proportion of the "older-old" (85+ years) population than the country, which has continued to expand rapidly. The decline of its "younger-old" (60-74) segment over the last decade has rebounded while becoming more racially diverse.

Although the median age of survey respondents has risen to 72.5 from 71.9 twelve years ago, more elders now rate their health as "good" or "excellent." The increasingly positive self-rated health status documented by these four surveys over the last twelve years is congruent with recent literature. With larger cohorts turning 60 years old at this historic juncture, would the younger and healthier "elderly" population take a more active role in their life than the traditional notion of a frail and dependent elderly population? This is a major focus of the 2005 Survey.

Methodology and Scope of the Study

A task force of staff and volunteers was mobilized to participate in the mailing questionnaire survey in 2004. Research personnel operated under a set of detailed and standardized data collection procedures.

A systematic random sample of 11,680 elders was selected from the list of 1,107,433 names. The names on the master list were gathered from each of the Commonwealth's 351 cities and towns. All individuals on the list were 60 years of age or older as of January 2005. Some smaller Planning and Service Areas were over-sampled to ensure a sample size large enough for local analyses. With 4,147 questionnaires returned from non-institutionalized elders accepted for analyses, the response rate was 36%. After culling respective cases for local analysis, the over-sampled cases are removed, leaving 2,585 cases for statewide analyses.

Demographic Background

Elders still comprised a larger proportion of the population in Massachusetts than that of most of the country in terms of the 60+, 65+ and 85+ segments despite a slower growth rate during the 1990s. As of July 1, 2003, the U.S. Census Bureau estimated that there were 1,124,038 persons aged 60+ in Massachusetts, with 850,982 aged 65+, and 128,123 aged 85+. There was only one Massachusetts resident aged 85+ of every 400 in 1920. This ratio became approximately 1:60 in 1990, 1:54 in 2000 and 1:50 in 2003. After a decade of minor fluctuation in size, the elder population has resumed its growth, and become increasingly racially diverse.

Socio-economic Background and Living Arrangements

With a larger cohort recently turned 60 years old, the median age for the elder population in the 2005 statewide survey is 72.5, a slight drop from the 73.0 in 2001 but up from 72.3 in 1997 and 71.9 in 1993. Women comprise 58.4% of the sample, almost identical with Census figures. Despite translation and publicity efforts, only 5.2% of the samples were returned by minority elders, far below the 7.8% return reported by Census 2000. This likely resulted from the fact that minority elders are less likely to be on the town resident and Council on Aging membership lists, from which the sampling frame is compiled. Even with the under-representation of minorities, the survey identified 13.2% respondents who "do not speak English very well", including 1.5% who do not speak the language at all.

About one-third of Massachusetts elders live alone and half live with only one family member, roughly the same over the past twelve years. The survey indicated that 75% of respondents live in their own home, up from 71% in previous surveys, while elder renters dropped from 20% to 17%.

The proportion of elder households in the higher income brackets has increased. The percentage of those living below the Federal Poverty Level has decreased from 11.9% in 2000 to 9.9%. Two of every five elders live on a monthly income of $2,000 or less. Many of them cannot afford to pay for basic necessities. During the last twelve months, some of them could not address medical needs; about 29,000 elders skipped medical appointments and about 49,000 elders skipped prescription drug refills. They had to give up dental care (about 99,000), vision aids (about 73,000) hearing aids (about 37,000), exercise programs (about 40,000 elders), social gathering (about 55,000), education

programs (about 16,000), necessities of housing (about 100,000 could not get their home repaired, 11,000 could not pay rent or mortgage, 26,000 could not pay for utilities), gasoline (about 25,000), and food (about 24,000).

Health Status

Almost three quarters of the elders reported that they are in "good" or "excellent" health. "Self-rated health" continues to improve (from 70.3% in 2001, 66.6% in 1997 and 63.7% in 1993.) The increasingly positive self-rated health status documented by these four surveys over the last twelve years is congruent with recent research findings.

Nonetheless, among respondents to this survey, there are 3.8% who need help to cope with physical or sensory disabilities, 3.8% who need help to cope with memory loss or confusion, and 4.8% who wish for help in coping with depressed mood.

Active Aging and Its Constraints

With improving health image and larger cohorts turning 60 years old at this historic juncture, would the "elderly" population take a more active role in their life than the traditional notion of a frail and dependent elderly population? This question became a major focus of this survey.

There is a trend toward increasing economic participation among Massachusetts's elderly. The proportion of elders in employment has increased from 17.3% in 1993 to 27.6 in 2005, nearly half of them full-time. In addition, the proportion of elders' unemployed but looking for employment has increased from 1.7% in 1997 to 3.5% in 2005.

What are elders interested in doing during their leisure hours? As expected, there are elders who want to do volunteer work (19.6%), take college courses (9.0%) or participate in spiritual activities (21.2% in religious and 6.8% in non-religious spiritual activities.) Meanwhile, there are many more elders who are interested in taking day trips (38.5%), taking long trips (28.2%), using the internet (35.6%), using e-mail (33.9%) and using the computer for other purposes (31.9%.) About one quarter of elders are interested in joining fitness and athletic programs, and about one in six wants to go to a casino, nearly matching the proportion of those who want to do voluntary work. In terms of absolute numbers, there are about 100,000 to 400,000 elders who are interested in taking part in each of these activity programs.

A small but substantial proportion of elders are playing an active role in their household. They provide personal care, housing, financial, social or emotional support to family members of all ages.

Physical condition naturally restricts some elders. There are 6.0% of the elders whose self-rated health is poor and 21.1% rated theirs as fair. Even some of those who feel well have limitation on routine activities. English proficiency affects an elder's activities. Some one in every nine elders in Massachusetts does not speak English very well.

Financial situation is another constraint on elders' activities-one of every ten live in under poverty and two of every five elders live on a monthly income of $2,000 or less.

Needs

The term "needs" refers to individual realms wherein a respondent considers help is necessary. It does not distinguish whether assistance is available or not. The term "unmet needs" indicates individual area/s where assistance is unavailable. Needs could become unmet needs whenever help is absent for whatever reason. Respondents who returned an acceptable questionnaire but left some or all of need categories blank are regarded as having no need in the respective area. Such an approach underestimates the number of elders in need of help and reduces the respective figures in previous surveys, but offers a non-controversial bottom-line for the number of elders with needs.

The proportion of elders in need of help in at least one area has decreased to 41.8% from 44.5 % four years ago, including 18.6% having needs in three or more areas.

The ranking order of areas in terms of the number of elders needing help almost mirrors previous surveys, except a few new areas added and dropped. The top areas of needs are again preparing tax forms and home repairs, as identified by 16.6% (+/- 1.43% at the 95% confidence level or about 186,590 elders) and 10.7% (+/- 1.19% at the 95% confidence level, or about 120,272 elders). Ahead of the remaining areas are legal assistance for estate planning/wills, transportation for medical appointments and errands (same as last survey); application for financial assistance and managing money/bills (jumped from middle of the pack in the last survey), and two new categories: coping with the Medicare Pharmacy Card and payment for property tax. The amount of needs in these areas ranges from 6.0% to 9.4%, or 67,442 to 105,660 elders. Other new areas explored in this survey include coping with large debt/credit card bills, finding dating opportunities, giving caregiver training, finding education and exercise/athletic programs.

Unmet Needs

Whereas fewer elders have needs today compared to four years ago, the proportion of elders with at least one area of unmet needs has increased to 21.5% from 16.9%, including 8.4% having unmet needs in three or more areas.

The ranking order of unmet needs is similar to that in the last survey. The top areas with most unmet needs are the same three: home repairs, legal assistance for estate planning/wills and applying/appealing for financial assistance: (6.8% +/- 0.97% at the 95% confidence level or about 76,435 elders, 4.4% +/- 0.79% or about 49,458 elders and 3.8% +/- 0.74% or about 42,713 elders, respectively). Ahead of the rest are finding transportation for medial appointments and improving social activities (rephrasing "dealing with depression and loss" in the last survey), and two new categories: coping with the Medicare Pharmacy Card and payment for property tax.

The proportion of elders with unmet needs is the sum of those who "need help but do not know where to get it" and those who "know where to get help but cannot get it." Lack of information constitutes 33.3% - 95.5% of the unmet needs. Over 90% of the unmet needs in legal services for estate planning/wills, finding volunteer opportunities and finding dating opportunities are due to lack of information.

Needs Assessment results and data are the most adaptive means by which the Executive Office of Elder Affairs can assess that which we do and understand what remains to be done. Conducting a major statewide survey that captures as much information as does the 2005 Needs Assessment of People Aged 60+ is an enormous and highly-complex undertaking, but yields some of the best knowledge we require to address and meet the needs of over one million Massachusetts elderly.

2005 Needs Assessment of People Aged 60+ in Massachusetts - Questionnaire

The 2005 NEEDS ASSESSMENT of PEOPLE AGED 60+ in MASSACHUSETTS

We want to assess the status of *ALL* persons aged 60 and over, *regardless* of health, income, needs and other conditions. To ensure that you are not under-represented, please take a few minutes to complete this questionnaire. (Please help the person whose name appears on the envelope to answer if she/he needs help due to language, physical or other problems.) Your answer will help us better serve older people in Massachusetts. Please try to return this questionnaire *within two weeks.* Thank you.

1. Please tell us your age:

60 - 64 ____ 80 - 84 ____
65 - 69 ____ 85 – 89 ____
70 - 74 ____ 90 – 99 ____
75 - 79 ____ 100 + ____

2. Are you: Female ____ Male ____

3. Are you: Hispanic ____
Asian, non-Hispanic ____
Black, non-Hispanic ____
White, non-Hispanic ____
American Indian/Alaskan ____
Other (please specify:)
_____

4. Do you speak English:
Very well ____
Well ____
Poorly ____
Not at all ____
[4a. IF "Poorly" OR "Not at all":]
What language other than English do you speak most often?
_____

5. Where do you live?
A place that I own ____
Family member's home ____
Public Elderly housing ____
Private rental housing ____
Other (specify)
_____

6. Do you live alone? Yes___ No___
[IF NOT ALONE] How many family member/s are there living with you?
0 ____ 3 ____ 6 ____
1 ____ 4 ____ 7 ____
2 ____ 5 ____ 8+ ____

7. Is anyone in your household receiving personal care from relative/s or friend/s?
Yes___ No___

7a. IF YES, who receives personal care? Please estimate how many hours a week?

Receiver	Hours a week
Myself	_____
Another elder	_____
Adult age 19 – 59	_____
Child under 19	_____

8. Do you provide any of the following help to any household member/s?

	Another elder	Adult age 19–59	Child under 19
Housing	___	___	___
Personal care	___	___	___
Financial Assistance	___	___	___
Social/Emotional support	___	___	___

9. Are you interested in:

[PLEASE CHECK ALL THAT APPLY]

using e-mails ___
using the internet ___
using the computer for other purposes ___
taking college courses ___
joining fitness/athletic programs ___
going to the casino ___
taking day trips ___
taking long distance trips ___
volunteer work ___
religious activities ___
other spiritual activities ___
joining other interest groups ___
Other (*specify*) _____

10. In general, how do you rate your health?

Excellent ____
Good ____
Fair ____
Poor ____
Don't know ____

11. In the last 12 months, have you had to skip any of the following because of a shortage of money?

	Applicable	***Yes***	***No***
Food	___	___	___
Utilities (heat, phone etc)	___	___	___
Gas for car	___	___	___
Home repairs	___	___	___
Rent or Mortgage	___	___	___
Medical appointment	___	___	___
Prescription drug	___	___	___
Dental care	___	___	___
Hearing aid	___	___	___
Eye glasses	___	___	___
Education program	___	___	___
Exercise/athletic program	___	___	___
Social gathering activities	___	___	___

12. Are you currently employed?

Employed, full-time ____
Employed, part-time ____
Not employed, looking for job ____
Not employed, not looking for job ____

13. Please estimate your **TOTAL FAMILY INCOME in the last 12 months (in 2004)**, including wage, pension, social security, and interest, etc. [PLEASE INCLUDE ONLY FAMILY MEMBERS LIVING WITH YOU]:

(PLEASE CHECK ONE)	*Annually*	(or *Monthly Average*)
____	$9,310 or below	($775.83 or below)
____	$9,311 to $12,490	($775.84 to $1,040.83)
____	*$12,491 to $15,670*	*($1,040.84 to $1,305.83)*
____	*$15,671 to $18,850*	*($1,305.84 to $1,570.83)*
____	*$18,851 to $22,030*	*($1,570.84 to $1,835.83)*
____	*$22,031 to $25,210*	*($1,835.84 to $2,100.83)*
____	*$25,211 to $28,390*	*($2,100.84 to $2,365.83)*
____	*$28,391 to $31,570*	*($2,365.84 to $2,630.83)*
____	*$31,571 or above*	*($2,630.84 or above)*

14. Do you (yourself) need help in any of the following areas? For EACH area, please check whether:

	(a) *I do not need help in this Area*	(b) *I am getting help in this area*	(c) *I need help, but do not know where to get it*	(d) *I know where to get help, but cannot get it*
Finding educational programs	____	____	____	____
Finding exercise/athletic prog.	____	____	____	____
Finding volunteer opportunity	____	____	____	____
Finding employment	____	____	____	____
Improving social activities	____	____	____	____
Finding dating opportunity	____	____	____	____
Preparing tax forms	____	____	____	____
Managing money/bills/claims	____	____	____	____
Paying for property tax	____	____	____	____
Applying/appealing for financial assistance (i.e., Food Stamp, SSI, or Fuel Assistance)	____	____	____	____
Getting home repairs	____	____	____	____
Giving my caregiver training	____	____	____	____
Giving my caregiver time off	____	____	____	____
Finding medical escort	____	____	____	____
FINDING TRANSPORTATION FOR:				
Medical appointments	____	____	____	____
Social functions	____	____	____	____
Basic errands	____	____	____	____
FINDING LEGAL ASSISTANCE FOR:				
Consumer complaint	____	____	____	____
Tenant rights	____	____	____	____
Insurance issues	____	____	____	____
Estate planning/wills	____	____	____	____
Immigration/naturalization	____	____	____	____
COPING WITH:				
Large debt/credit card bills	____	____	____	____
Medicare pharmacy cards	____	____	____	____
Safety from crime	____	____	____	____
Abuse, neglect, mistreatment	____	____	____	____
Memory loss or confusion	____	____	____	____
Smoking	____	____	____	____
Alcohol/ other drug abuse	____	____	____	____
Physical or sensory disability	____	____	____	____
Depressing mood	____	____	____	____

The 2005 NEEDS ASSESSMENT of PEOPLE AGED 60+ in MASSACHUSETTS

Statewide Percentage Distribution, N = 2585 unless specified

1. Please tell us your age: N = 2577

60 - 64	*21.6%*	*80 - 84*	*12.0*
65 - 69	*19.0*	*85 – 89*	*7.5*
70 - 74	*18.9*	*90 – 99*	*3.3*
75 - 79	*17.6*	*100 +*	*0.1*

2. Are you: Female 58.4 N = 2549

3. Are you:

Hispanic	*1.0*
Asian, non-Hispanic	*1.5*
Black, non-Hispanic	*1.8*
White, non-Hispanic	*94.8*
American Indian/Alaskan	*0.8*
Other (please specify:)	*0.1*

N = 2503

4. Do you speak English:

Very well	88.6
Well	8.1
Poorly	1.9
Not at all	1.5

N = 2570

[4a. IF "Poorly" OR "Not at all":]
Other languages than English: Russian, Chinese, Portuguese, Spanish, Italian, Creolo and others, none over 0.6%.

5. Where do you live? N = 2557

A place that I own	*75.0*
Family member's home	*7.0*
Public elderly housing	*8.5*
Private rental housing	*8.4*
Group quarters	*0.5*
Assisted living	*0.4*
Others	*0.1*

6. Do you live alone? *Yes 32.0%*
Living with non-family 1.2 N = 2575
[IF NOT ALONE] How many family member/s are there living with you?

0	*32.9*	*3*	*2.7*	*6*	*0.2*
1	*51.2*	*4*	*1.6*	*7*	*0.2*
2	*10.3*	5	*0.8*	*8+*	*0*

N = 2504

7. Is anyone in your household receiving personal care from relative/s or friend/s?
Yes 7.5

7a. IF YES, who receives personal care? Please estimate how many hours a week?

Receiver	%	Av.Hours
Myself	3.4	19.6
Another elder	2.1	37.5
Adult age 19 – 59	0.4	24.7
Child under 19	0.2	12.3

8. Do you provide any of the following help to any household member/s?

	Another elder	*Adult age 19–59*	*Child under 19*
Housing	*7.5*	*6.3*	*2.1*
Personal care	*5.2*	*1.4*	*1.2*
Financial Assist	*6.3*	*4.6*	*1.5*
Social/Emotional support	*11.3*	*5.6*	*1.8*

9. Are you interested in:
[PLEASE CHECK ALL THAT APPLY]

using e-mails	33.9
using the internet	35.6
using the computer for other purposes	31.9
taking college courses	9.0
joining fitness/athletic programs	24.2
going to the casino	16.0
taking day trips	38.5
taking long distance trips	28.2
volunteer work	19.6
religious activities	21.2
other spiritual activities	6.8
joining other interest groups	10.5
Other (specify)	7.2

10. In general, how do you rate your health?

Excellent	*21.5*
Good	*51.3*
Fair	*21.1*
Poor	*6.0*
Don't know	*0*

N = 2525

11. In the last 12 months, have you had to skip any of the following because of a shortage of money?

	Not Applicable	Yes	No
Food		*2.1%*	
Utilities (heat, phone etc)		*2.3*	
Gas for car		*2.2*	
Home repairs		*8.9*	
Rent or Mortgage		*1.0*	
Medical appointment		*2.6*	
Prescription drug		*4.4*	
Dental care		*8.8*	
Hearing aid		*3.3*	
Eye glasses		6.5	
Education program		*1.4*	
Exercise/athletic program		*3.6*	
Social gathering activities		*4.9*	

12. Are you currently employed? N = 2433

Employed, full-time	13.7
Employed, part-time	13.9
Not employed, looking for job	3.5
Not employed, not looking for job	68.8

13. Please estimate your TOTAL FAMILY INCOME in the last 12 months (in 2004), including wage, pension, social security, and interest, etc. [PLEASE INCLUDE ONLY FAMILY MEMBERS LIVING WITH YOU]: N = 2293

(PLEASE CHECK ONE)	Annually	(or Monthly Average)
6.6%	$9,310 or below	($775.83 or below)
7.6	$9,311 to $12,490	($775.84 to $1,040.83)
8.0	$12,491 to $15,670	($1,040.84 to $1,305.83)
5.7	$15,671 to $18,850	($1,305.84 to $1,570.83)
7.2	$18,851 to $22,030	($1,570.84 to $1,835.83)
5.8	$22,031 to $25,210	($1,835.84 to $2,100.83)
5.2	$25,211 to $28,390	($2,100.84 to $2,365.83)
6.7	$28,391 to $31,570	($2,365.84 to $2,630.83)
47.3	$31,571 or above	($2,630.84 or above)

9.9 % Below Poverty N = 2293

14. Do you (yourself) need help in any of the following areas? For EACH area, please check whether:

	(a) *I do not need help in this Area*	(b) *I am getting help in this area*	(c) *I need help, but do not know where to get it*	(d) *I know where to get help, but cannot get it*
Finding educational programs		0.7%	1.4	0.3
Finding exercise/athletic prog.		2.5	2.5	0.3
Finding volunteer opportunity		1.3	2.2	0.2
Finding employment		0.3	1.6	0.5
Improving social activities		1.5	3.2	0.5
Finding dating opportunity		0.5	1.8	0.2
Preparing tax forms		14.3	2.0	0.3
Managing money/bills/claims		4.7	1.1	0.2
Paying for property tax		3.2	2.6	0.9
Applying/appealing for financial assistance (i.e., Food Stamp, SSI, or Fuel Assistance)		3.7	2.8	1.0
Getting home repairs		3.9	5.5	1.3
Giving my caregiver training		0.7	0.3	0.2
Giving my caregiver time off		0.6	0.8	0.2
Finding medical escort		2.5	1.3	0.2
FINDING TRANSPORTATION FOR:				
Medical appointments		6.3	2.7	0.4
Social functions		3.3	1.0	0.2
Basic errands		5.0	1.6	0.4
FINDING LEGAL ASSISTANCE FOR:				
Consumer complaint		0.6	1.2	0.2
Tenant rights		0.6	0.7	0.2
Insurance issues		1.6	1.5	0.3
Estate planning/wills		5.0	4.2	0.2
Immigration/naturalization		0.3	0.2	0.1
COPING WITH:				
Large debt/credit card bills		1.0	1.9	0.5
Medicare pharmacy cards		2.4	3.2	0.5
Safety from crime		0.9	0.8	0.1
Abuse, neglect, mistreatment		0.3	0.2	0.1
Memory loss or confusion		2.5	1.1	0.2
Smoking		0.5	0.7	0.2
Alcohol/ other drug abuse		0.2	0.1	0.2
Physical or sensory disability		3.0	0.6	0.2
Depressing mood		3.4	1.2	0.2

Administration on Aging Priorities in Massachusetts

The US Administration on Aging (AoA) Strategic Action Plan for 2003-2008 identifies five priorities for continuing its work in promoting the dignity and independence of older people and in helping society prepare for an aging population. In collaboration with a national network of public and private institutions, including the Executive Office of Massachusetts, AoA oversees the development of a comprehensive and coordinated system of care that promotes innovation in developing policies and services for older people. In supporting and assisting older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible, the AoA has established the following five priorities.

1. Make it easier for older people to access an integrated array of health and social supports.

2. Help older people to stay active and healthy.

3. Support families in their efforts to care for their loved ones at home and in the community.

4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

5. Promote effective and responsive management.

As the Executive Office of Elder Affairs assumed to its new mission that resulted from the move under the umbrella of the Massachusetts Executive Office of Health and Human Services (MA EOHHS), and in coordination with the new responsibility for long-term care services, Elder Affairs established four key organization goal areas that are used to guide the agency's vision and mission. The four main areas are health, financing, social services and housing.

- Health: To ensure utilization of appropriate, quality and cost-effective settings.

- Financing: To improve the balance of financial responsibility among individuals, families, private partners and government.

- Social Services: To provide locally-based social services to support elders in the community; to improve the capacity of the social services system; and to create and promote choice.

- Housing: To provide hosing with supports to prevent or delay institutional care.

Additionally, the Massachusetts Executive Office of Health and Human Services has set program goals in developing its Strategic Plan. The four main program goals that speak to client services, include:

- Health: We will work with the health community to integrate systems of care so that health services are more affordable.

- Long-term care: We will work to develop an effective, affordable continuum of long-term care services for our elderly and disabled citizens, emphasizing home and community based care and enabling these citizens to have more control over the care they receive.

- Children, Youth: and Families For vulnerable children and their families, we will work with other state and community partners, including the schools and courts, to improve the coordination of our services so children are safe, healthy and attend school ready to learn.

- Homelessness: Intervention We will provide emergency shelter as a last resort. We will work with community partners to assist families and individuals in obtaining housing.

In support of the broad mission statements and goals espoused within the MA EOHHS and Elder Affairs' plans, Elder Affairs has set course on a series of projects to improve the lives of elders and to enhance the quality of the services and systems that support those changes. The projects are aligned within three main collections.

1. Shift dollars from long term care to the community by shifting utilization to more appropriate, quality, lower cost settings.

2. Change the balance of financial responsibility by changing the balance of private, public and individual financial responsibility for long-term care by putting in place financial disincentives for institutional care.

3. Create and promote real community based options that are clinically and financially viable by creating service delivery models of supports for individuals in the community premised upon consumer choice and responsibility and partner those services with family caregiving and consumer control.

Given the distinct environments that each of the three organizations reside, AoA, MA EOHHS and Elder Affairs, it is noteworthy that their separate goals, missions and plans align in navigating a course toward renewed effort in developing programs and services that emphasize health centered, home and community based care that meet the unique needs of individual older persons and their caregivers. As Elder Affairs supports services that lessens elder isolation and promotes elder independence, we look toward the five priorities established by the AoA in directing our plans and objectives for the next four years and beyond.

While the Elder Affairs' plans and objectives are often malleable in their relation to each AoA priority, the following lists of plans and objectives are organized under each of the five AoA priority areas as both a means to support the guidance and direction of AoA, as

well as, a method to direct Elder Affairs' work in addressing its own internal strategic goal areas.

1. **Make it easier for older people to access an integrated array of health and social supports.**

    - With the July 1, 2005 effective date of the amendment to the Home and Community-Based Services Waiver for Frail Elders (the 1915c Waiver Expansion), the financial eligibility criteria for the Waiver will be expanded to include those with income up to 300% of the SSI standard. This expansion will allow more low-income Massachusetts frail elders, who are clinically eligible for a nursing facility, to have access to necessary home and community based services, as well as Medicaid state plan services. The specific goals of the plan are; to institute the waiver expansion goal beginning July 1, 2005; increase the number of frail elders served by the 1915c waiver by approximately 1,700 elders; and expand the population served by this waiver incrementally in subsequent years.

    - MassHealth is in the process of reviewing the current rate methodology for home health services to determine if a different payment structure would better serve the needs of the diverse population that accesses home health services.

    - The SHINE program is working toward ensuring that all counselors are knowledgeable and have the most current materials available by instituting new training, including; increasing initial counselor training from 7 to 10 days; ensuring that all trainees will receive training on the internet to allow them to access the most up-to-date information on Medicare and other health insurance options; promoting that trainees will receive training on cultural competency to help them serve a more diverse population; and beginning in 2006, all SHINE counselors will be required to participate in an annual re-certification process, (presently this process is every two years).

    - Elder Affairs is researching the possibility of having a telephone center to provide SHINE counseling. The phone center would be staffed with 4-6 SHINE counselors who would provide basic information, mail information or schedule appointments for face-to-face counseling at a local counseling site in the callers area.

    - The Housing group is developing recommendations for the design and implementation of new residential models that link housing, health care and supportive services. The three primary models are; serving higher acuity clients in home settings; developing supportive housing in naturally occurring retirement communities; and re-designing rest homes.

- Elder Affairs is continuing to support efforts to develop affordable assisted living through policy development and technical assistance. The office encourages a research agenda that supports and informs policy decisions on housing and supportive services.

- Under direction from the Center for Medicare and Medicaid (CMS), PACE organizations will implement the prescription drug benefit as required in the Medicare Modernization Act of 2003.

- Elder Affairs is working toward maximizing MassHealth enrollments in the SCO and PACE programs. Additionally, medical and support services under SCO and PACE will be evaluated and benchmarked to national and state criteria.

- In using the State Pharmaceutical Assistance Program Transition Grant from CMS to educate Prescription Advantage members and other Medicare beneficiaries about the new Medicare coverage, Elder Affairs is helping members select and enroll in a Medicare prescription drug plan, and developing systems for effective coordination of enrollment, coverage and payment between Prescription Advantage and Medicare prescription drug plans.

- Collaborate with the Office of Medicaid and other agencies within MA EOHHS through the Medicare Modernization Act Implementation Work Group to identify issues and concerns about the new Medicare drug coverage related to Prescription Advantage members, Medicare/Medicaid dual eligibles, and Medicare beneficiaries who are EOHHS clients, and to formulate and communicate the state's responses to those issues and concerns.

- Create a new Prescription Advantage program design for both Medicare (wrap-around coverage) and Non-Medicare (maintenance of primary coverage) members.

- Inform Prescription Advantage members who are eligible for "extra help from Medicare" (LIS) that they must apply, and assist anyone who has difficulty applying or who fails to submit an application on their own.

- With the exploration of a Consumer Directed Care (CDC) model, Elder Affairs looks to the following goals in advancing this model; developing CDC program standards by June 30, 2005; requiring that all ASAPs offer a CDC service option by June 30, 2006; developing and implementing performance measures to evaluate the success of the CDC model; and exploring additional consumer directed options for the Home Care Program, including whether CDC may become a waiver service.

- In support of providing suitable community based settings and care for frail elders, Elder Affairs will ensure the provision of the Caring Homes pilot program for 30 elders during State fiscal year 2005 and 2006. Additionally, the office will develop performance measures to evaluate the program, and refine those measurements during State fiscal year 2006.

- Elder Affairs Long Term Care Ombudsman program continues to empower residents of nursing and rest homes in Massachusetts through working with the development of resident councils by providing educational materials, training, support and other information designed to encourage residents to be actively involved with the operation of their home.

- The Information and Assistance department is involved in the coordination of a 211 system to deliver single access point customer service to all consumers needing human service assistance, and is active in building partnerships for emergency response readiness through membership in the Massachusetts Emergency Management Agency.

2. Help older people to stay active and healthy.

- Elder Affairs, as part of the Boston regional team of the National Council on Aging Healthy Aging Initiative, under the supervision of the Lahey Clinic, successfully developed and completed a two year, evidence-based model program, "Healthy Eating for Successful Living in Older Adults", in three local community agencies: Kit Clark Senior Services, Montachusett Opportunity Council Nutrition Program and the Andover Council on Aging. The project focused primarily on bone and cardiovascular health and is part of the National Council on Aging response to increasing national awareness of the effects of nutrition on aging. This model uses a problem solving and chronic disease self-management format, in which participants share actively in the discussion, set behavior change goals for themselves and evaluate their own success in reaching goals.

- Area Agencies on Aging continue to promote healthy aging in the communities they serve by developing programs that include, health education, exercise programs, nutrition education, nutrition counseling, and volunteer development, to name a few.

- Councils on Aging in Massachusetts continue to ensure, to the maximum extent feasible, the development and support of appropriate, informed programs to enable access to basic services including information and referral, outreach, health screening, fitness programs and transportation in the 348 municipalities.

- Expand the number of elderly housing sites that provide case management and supportive services to frail residents.

- Focus on promoting the construction and development of senior centers large enough and with sufficient amenities to meet the service needs and interests of the Baby Boomer generation.

- Our work remains in promoting meal quality, safety, and nutrition standards by instituting a statewide menu policy, sanitation requirements and nutrition standards. Additionally we continue to implement the quality assurance reporting protocol and statewide sanitation training that promotes food safety and education.

- Prescription Advantage members will be educated on the new Medicare Prescription drug coverage and related changes in Prescription Advantage. Additionally, members will be sent ongoing information in the form of bulletins, fact sheets, etc. about the new Medicare benefit and Prescription Advantage, plus coordinated planning with SHINE counselors will educate members through presentations, individual counseling, and public service announcements.

- As both the Adult Foster Care and Group Adult Foster Care programs operate under MassHealth guidelines and provider bulletins, the MassHealth staff has been drafting these guidelines into a regulation format. This change from guidelines to regulations will provide programs with a firm set of current requirements and will clarify areas in the current guidelines.

- Elder Affairs continues to foster its work with the Executive Office of Transportation to coordinate and support multi-community long distance transportation programs, particularly for medical needs.

3. Support families in their efforts to care for their loved ones at home and in the community.

- The Family Caregiver Program in Massachusetts is exploring the following goals; review the regional approach in administering the program, which includes, the effectiveness and efficiency of collaborative efforts, the role and responsibility of the regional coordinator, and the management of this model; identify “core services” and develop standards for delivery and outcome measures; and expand efforts to reach working caregivers of elders with the greatest economic and social needs giving attention to low-income minority individuals and Native Americans.

- In expanding the availability of bi-lingual SHINE counselors statewide, the Program will actively recruit and train bi-lingual individuals statewide to be SHINE trained and certified to meet face-to-face with the non-English/Limited English elder population.

- Elder Affairs supports Assisted Living regulatory reform by developing and implementing recommendations that will increase the safety and quality of service delivery for over 11,000 assisted living residents by creating a meaningful quality monitoring and oversight system through statute and regulation. The three primary areas are: quality improvement methods, specialty care regulations, and accountability.

- Plans of the Assisted Living Ombudsman Program include providing an educational series on the benefits and limitations of Assisted Living to potential residents and their family.

- Elder Affairs is developing care management models to support high-risk individuals living in community settings with fee-for-service Medicaid.

- Increase support to families and other caregivers through actively encouraging the development of family councils in all nursing and rest homes. Provide family groups with training, educational materials and other information that promotes active and productive relationships between facility staff, residents and families.

4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

- The Protective Services Program continues its work in partnership with regional Protective Service Agencies, local police departments, and District Attorneys' Offices to assure timely and consistent reporting of abuse cases and better coordination between Protective Services and criminal investigations when warranted.

- The Assisted Living Ombudsman Program will continue to work as advocates and mediators by investigating and resolving complaints on behalf of the residents and families who are involved in Assisted Living.

- Elder Affairs is working toward improving the quality and effectiveness of the Assisted Living Ombudsman Program in forecasting an increase of staff as well as incorporating volunteers to work within the Program.

- The Long Term Care Ombudsman Program continues to provide access to all 53,000 residents of nursing and rest homes in Massachusetts by maintaining ombudsman presence in facilities a minimum of every other

week. We will continue to work toward weekly visitation in every nursing and rest home.

- Elder Affairs perseveres in advancing nursing and rest home quality of life initiatives by working with Quality Improvement Organizations, industry and trade organizations and other state agencies. The Long Term Care Ombudsman Program will continue to advance the knowledge of residents, their families and the community at large of benefits of resident centered care.

- Development of a worker safety-training program to mitigate risks posed to workers in this field is being initiated by the Protective Services Program.

- The Assisted Living Ombudsman will continue to address issues, as they arise, so that we may support any needed regulatory change on behalf of the residents that reside in Assisted Living in Massachusetts. Additionally, the Program will provide education on residents' rights and other pertinent resident issues to the Assisted Living Industry.

5. Promote effective and responsive management.

- Elder Affairs is designing and implementing a comprehensive Information Technology solution for case management in support of all programs. The Senior Information Management System (SIMS) will influence the delivery of services to over 40,000 seniors through our state-funded network and our Federal Title III network. Key functional requirements for SIMS include: the ability to track clients who receives services; what services are received; the cost of provided services; and the location of the provided services. Data generated through these functions will support Elder Affairs' service provider management and oversight responsibilities, allowing for better provision of services to seniors, to conduct Federal Medicaid claiming and to meet its State and Federal reporting requirements.

- Through our connection with the Councils on Aging, we continue to promote the development and financing of regional staff (multi-town, particularly in rural areas) solutions to elder service needs through employment and support of shared, professional administrative staff and/or support personnel. Additionally, Elder Affairs continues to promote and support the development and use of standardized data collection and management software to maximize the collection and distribution of data related to elder services and unmet needs.

- The Prescription Advantage team continues to inform Legislators, advocates, and other interested parties regarding Medicare Part D and

changes in Prescription Advantage. We also are working with the MA EOHHS MMA Communications subgroup to provide information to Legislators/staff, advocates and others through presentations and materials.

- The Long Term Care Ombudsman Program will continue to strengthen services by ensuring all ombudsmen receive appropriate and on going training on topics that are timely and relevant to their work. Topics to include investigation and resolution skills, mediation and negotiation, working with younger residents, skill development in traumatic brain injury intervention, culture change and resident centered care.

- Elder Affairs will maintain and increase number of certified Long Term Care Ombudsman through aggressive recruitment activities, screening, and activities designed to retain certified work force. Additionally, we continue to improve data reporting by training all visiting ombudsmen on National Ombudsman Reporting System (NORS) updates and documentation.

- Elder Affairs will continue building a statewide structure for joint planning efforts with our stakeholders in supporting Massachusetts' cities and towns as they prepare their communities for an increasing number of elderly residents as boomers age.

- Participate in the development process for Release II of the MA Executive Office of Health and Human Services Virtual Gateway to streamline access to long-term support services information.

Populations, Priorities and Plans

The Executive Office of Elder Affairs continues to move forward in addressing the continually changing needs of the elder population in Massachusetts. Our commitment to serve the elder population targeted within the Older Americans Act of 1965, those with the greatest economic and social need, is revealed in a review of the programs Elder Affairs administers, the service goals and objectives set forth within this State Plan, and through the dedication of the network of Area Agencies on Aging that grants funding and delivers services to elders. The Massachusetts elder services network recognizes the importance of providing services that maintain elders in their homes and communities for as long as possible. Whether a traditional Elder Affairs service like home delivered meals, information and referral and Supportive Housing or assistance provided under the Office of Long Term Care, like Senior Care Options and Group Adult Foster Care, Elder Affairs is focusing on preventing isolation and delivering independence and well-being for those we serve.

While we continue to create services and systems of support that serve elders targeted in the Older Americans Act, we must also provide a vision and plan for providing services to prospective populations. Elder Affairs continues to push for responsible and beneficial solutions that address healthy aging, elder rights protection and transportation services for elders, but we are also pressing ahead in reaching out to and addressing the disability population, services for the Baby Boomer generation and promoting Community First.

The following topics address Elder Affairs work concerning the populations, services and partnerships that continue our commitment to the principles of the Older Americans Act and the pledge we make toward serving the new and changing cohorts that comprise our client base.

Targeted Populations

The Massachusetts Executive Office of Elder Affairs has historically given pointed and particular emphasis to establishment and maintenance of consistent delivery of service to those 'most vulnerable' populations of elders residing in the Commonwealth. As in the past, we will continue to identify and locate elders in greatest economic need, physically and socially isolated elders, while placing a particular importance on the needs of low-income minority elders. The following figures designate the Massachusetts 60+ population for each of the indicated groups as drawn from Census Bureau population estimates, July 2003:

Native Indian/Alaskan Native	1,546
Native Hawaiian/Pacific Islander	249
Asian	23,390
Black/African American	37,397

Hispanic/Latino	26,137
Low-income minority persons in MA	38,933

Outreach and service delivery to Targeted Populations and priority groups is presented throughout the State Plan, in the programs and services illustrated and in the plans and objectives for future action, and in summary involves three main strategies. These include, developing collaborations, developing outreach materials that are culturally sensitive and in the appropriate language, and supporting culturally sensitive models of care.

Developing collaborations with local community groups that already serve the priority population is a necessity. This type of collaboration gives Elder Affairs an opportunity to share information about services offered, assess and adapt to the current successful service practices, create focus groups to assess community needs and identify potential service partners and grantees. Collaborations enable Elder Affairs to gain credibility with communities and achieve access to the intermediaries that have the trust and attention of the priority group.

Developing culturally sensitive material written in the primary language used within a priority group enables Elder Affairs and the elder services network to reach group members directly. Dissemination of this material through community media outlets such as newspapers, community fairs, radio and cable shows indicates to the community that Elder Affairs is working with existing community organizations and groups in order to help shape our approaches to outreach so that we are able to communicate value for local community leadership and relationships.

In virtually every function, purpose and activity, Elder Affairs enunciates its commitment to these targeted priority populations beginning with the agencies operation of Older American Act Programs that go toward sustaining basic needs for nutrition, companionship, and the entire range of all necessary supports that occur in elders' homes and communities. A reading of this iteration of our State Plan on Aging will demonstrate our determination to find and help elders in greatest need regardless of their location or any other attendant circumstances. By whatever measure, each of the programs and initiatives herein described and administered by Elder Affairs come together to insure that all elder citizens of Massachusetts are allowed to age in dignity, safety, and protection from deprivation.

Vulnerable Elder Rights Protection Activities

Section 701, Title VII, of the Older Americans Act authorizes appropriations for vulnerable elder rights protection activities. The Executive Office of Elder Affairs continues to set a priority on protecting the rights of older people and preventing their exploitation, abuse and neglect. The agency utilizes Title VII funding to employ professional trainers to train protective service caseworkers and case managers in the

field. In combination with State funding, Title VII supports and strengthens the goals we have set for the Protective Services Programs.

We continue our efforts to reinforce the $13.5mil State funded Elder Protective Services (PS) Program in Massachusetts by developing our partnerships with regional Protective Service Agencies, local police departments, and District Attorneys' Offices to assure timely and consistent reporting of abuse cases and better coordination between Protective Services and criminal investigations when warranted. The Program is also currently developing a worker safety-training program to mitigate risks posed to workers in the field.

Efforts to promote and support services under the PS program includes working with the Area Agencies on Aging in Massachusetts in conducting comprehensive assessments of the Protective Services program, periodically reviewing quality assurance procedures and continually identifying methods for improving performance. We highlight the following actions in presenting our efforts to protect vulnerable elders:

- The Elder Affairs Protective Services (PS) unit developed and implemented improved guidelines for assessing an elder's capacity to provide informed consent. As a result of the revisions, PS workers are better able to assess an elder's capacity to consent and to make appropriate decisions about whether or not to continue a PS investigation or to pursue an intervention without the consent of the elder. As a part of this initiative, instructions that are more detailed were issued to ensure that elders who have the capacity to make informed choices are able to exercise fully their rights during the investigation and casework process.

- The PS program implemented the July 2004 statutory change that incorporated "self-neglect" into the legal definition of elder abuse. This included the issuance of instructions to our PS agencies about the service delivery and administrative aspects of this change, filing of an emergency regulation, and notification to mandated reporters of their expanded responsibilities.

- Revised and improved training programs to strengthen the development of clinical skills for Protective Services staff and developed a new comprehensive training manual.

- Re-procured Money Management, Guardianship, Hotline and Protective Services training services.

- Continued program audits to identify and remedy deficiencies. Agencies with significant compliance issues must submit a corrective action plan and are subject to more intense oversight to assure their remediation.

Aging and Disability Resource Centers

Elder Affairs is the recipient of a three-year Centers for Medicare and Medicaid/Administration on Aging grant to facilitate access to information for elders and people with disabilities. The Aging and Disability Resource Center (ADRC) grant is operated as a pilot in the State region known as the Merrimack Valley and combines the resources of Merrimack Valley Elder Services, one of our Aging Services Access Point (ASAP) agencies, and the Northeast Independent Living Center, a designated Independent Living Center and a Medicaid Personal Care Attendant provider. The ADRC mandate includes, increasing awareness and providing reliable information, providing assistance in seeking services and making decisions, and simplifying and streamlining access to public programs through a physical or virtual one stop shop.

Elder Affairs is optimistic that this pilot will be successful and that we will be able to extend the service in other parts of the state. The ADRC grant is one of several opportunities to utilize the power of joining the network of providers and services for elders and disabled to improve the system.

The projected goals over the three-year project period include:

1. Promoting awareness among a number of internal and external groups, including those critical pathways where institutional vs community placement decisions are often made;

2. Advancing the visibility of the ADRCs and the aging and disability networks role in the access to long term care supports;

3. Fostering understanding among the target populations, providers and the critical pathways of available resources and options through the awareness and information activities;

4. Gaining the trust of consumers, their families, providers and others by providing responsive information, assistance and systems of access; and

5. Integrating access to public programs through combining intake, eligibility and assessment processes that, along with visibility, fosters ease of access.

Healthy Aging

For over five years, the Executive Office of Elder Affairs has maintained an Interagency Agreement with the Massachusetts Department of Public Health (DPH) toward establishing and providing appropriate supports for programs that promote the Healthy Aging of elders. The language of the Agreement stresses the importance of Elder Affairs and DPH finding means and methods for the following:

- to collaborate in building capacity to improve the physical and mental health status of older adults in Massachusetts by providing education/training for the public health and elder services networks on health promotion and disease prevention;

- to seek maximum feasible coordination of health promotion activities between DPH and EA;

- to meet on a regular basis to share information, discuss and resolve current issues, and promote coordinated long-range planning;

- to provide ongoing needs assessment related to issues and concerns of older adults;

- to assure joint access to critical data by developing policies and protocols related to data systems, data sharing, data analysis and quality assurance;

- to work together to identify joint funding for health promotion and disease prevention activities, and;

- to develop a state plan for health promotion and disease prevention for older adults.

Results have included the joint establishment of programs for immunization, nutrition (including a 'Farmers Market' program that subsidizes elders' purchase of fresh produce), geriatric education around issues and principals of Healthy Aging, substance abuse cessation, and exercise, including a program for providing exercise and physical education to residents within supportive housing.

In highlighting this coordination, the Massachusetts Department of Public Health, Elder Affairs is one of eleven states chosen to receive an "Aging Well with Chronic Conditions" project grant. The grant will be used to provide training to senior volunteers who participate in a "train the leader" course. In turn, the trained volunteers collaborate with local elder network providers to identify and offer a six week program to elders 60 and over in senior housing complexes. Teaching elders the ways to live healthier lives despite chronic illnesses is one dimension of relieving financial burdens on government, families and elders themselves. The joint effort between the two state agencies demonstrates the Commonwealth's goal to empower seniors to sustain a healthy lifestyle, cope with their conditions and further their independence, thus decreasing the need for long term care services.

The Commonwealth of Massachusetts Elder Services Network has attained a high degree of coordination and resources to support elders in their need for immunization and inoculation. The Massachusetts Adult Immunization Coalition (MAIC) is a partnership of healthcare professionals dedicated to increasing adult immunization in Massachusetts through networking and sharing innovative approaches. Membership includes representation from local and state public health agencies, senior service groups, healthcare networks, community-based healthcare organizations and health insurers. In existence for nearly a decade, twenty-four new agencies joined the coalition during 2004, bringing the total number from six participating agencies to 33 official membership agencies.

During the vaccine shortage in the fall of 2004, the MAIC proved to be an especially valuable conduit for developing and disseminating communications to many audiences:

- A conference call was held, open to all MAIC members, to facilitate information exchange at the onset of the unprecedented influenza vaccine shortage in October.
- A "Response to Influenza Vaccine Reduced Availability" document was created and sent to local providers to assist them in replying to this situation.
- Numerous updates were posted on the flu clinic Web site (http://flu.masspro.org).
- Over 40 e-mail alerts were sent to MAIC members, providing them with critical updates from Massachusetts Department of Public Health (DPH), the Centers for Disease Control and Prevention (CDC), and other key organizations, allowing for quick dissemination to their affiliates.

The structure represented by MAIC is well-prepared for providing immunization in the coming months as well as reacting to any potential crisis that may attend delivery of this vital service to elders. The Executive Office of Elder Affairs will continue to collaborate with Massachusetts DPH, the Area Agencies on Aging, each of the Commonwealth's Councils on Aging, as well as the entirety of the MAIC in order to insure that every elder who seeks inoculation can readily obtain it.

Medicare Modernization Act

The Medicare Modernization Act of 2003 (MMA) brings dramatic and innovative changes to the Medicare program. A more modern Medicare brings more affordable health care, prescription drug coverage to all people with Medicare, expanded health plan options, improved health care access for rural Americans, and preventive care services, such as flu shots and mammograms. In light of the MMA changes, Elder Affairs is enlisting Area Agencies on Aging and network providers in helping elderly individuals to avail themselves of the benefits available.

As part of the national network of State Health Insurance Counseling and Assistance Programs (SHIP), the Elder Affairs SHINE program is gearing up their training sessions to ensure that participants select plans that are appropriate to their needs. Elder Affairs administers the SHINE Program by utilizing grants from the State funded Council on Aging Formula Grant Fund, Prescription Advantage, and the Centers for Medicare and Medicaid Services (CMS). There are 14 Regional Programs that supervise and train 450 volunteer health benefit counselors who provide information and assistance regarding health insurance and benefits to elders, disabled Medicare beneficiaries, and their family members and professional caregivers. Counselors meet face-to-face or via telephone to help Medicare beneficiaries understand their choices and navigate the complicated and ever changing landscape of health insurance. Annually, the SHINE Program assists approximately 40,000 Massachusetts Medicare beneficiaries. Savings to those

beneficiaries, as a direct result of the SHINE intervention, is in excess of $10 million dollars.

Our work toward informing elders of the MMA changes and the corresponding changes in Prescription Advantage is supported in large part by the State Pharmacy Assistance Program Transition grant from CMS, which is available for the two years ending September 30, 2006. This work includes:

1. Collaborating with the Office of Medicaid and other agencies within EOHHS through the MMA Implementation Work Group to identify issues and concerns about the new Medicare drug coverage related to Prescription Advantage members, Medicare/Medicaid dual eligibles, and Medicare beneficiaries who are EOHHS clients, and to formulate and communicate the state's responses to those issues and concerns.

2. Creating a new Prescription Advantage program design for both Medicare (wrap-around coverage) and Non-Medicare (maintenance of primary coverage) members.

3. Informing Legislators, advocates, and other interested parties regarding Medicare Part D and changes in Prescription Advantage. Working with the EOHHS MMA Communications subgroup to provide information to Legislators/staff, advocates and others through presentations and materials and working with SHINE to provide training such as Regional Health Benefits Universities

4. Educating Prescription Advantage members on the new Medicare Prescription drug coverage and related changes in Prescription Advantage. Sending members ongoing information in the form of bulletins, fact sheets, etc. about the new Medicare benefit and Prescription Advantage. Additionally, we will coordinate with SHINE to educate members through presentations, individual counseling, PSA's

5. Informing Prescription Advantage members who are eligible for "extra help from Medicare" (LIS) that they must apply, and assist anyone who has difficulty applying or who fails to submit an application on their own.

6. Assisting members who have Medicare with enrollment in an appropriate Medicare Part D plan. Designing process for electronic transfer of enrollment information to Part D plans on a random assignment basis if permitted by CMS. If automatic enrollment is not allowed, provide extensive enrollment assistance to members, including analysis of their drug utilization to determine which Part D plans will be appropriate for them. Even if automatic enrollment is allowed, work with members to determine if other plans may be more suitable for them than the one to which they are automatically assigned and assist them in changing their enrollment if appropriate.

7. Implementing new Prescription Advantage program designs January 1, 2006, and begin coordinating benefits with Part D plans for members eligible for Medicare.

Transportation

Elder Affairs works with the Massachusetts Elder Service Network, including the Commonwealth's 23 Area Agencies on Aging, to promote suitable and effective transportation services for all elderly citizens. Two key focus areas include, assessing the transportation needs of the elderly and coordinating those transportation services in order to assist elders in their communities and thereby help them to remain as residents in those communities.

Determining the transportation needs of elders involves a number of different mechanisms. Elder Affairs coordinates with state and local entities in order to determine the transportation needs of elders through, analysis of the Massachusetts Needs Assessment data, appraisal of local focus group results, use of Information and Referral statistics, our work with Regional Transit Authorities in determining patterns and requests of elders, and communication with Councils on Aging and other providers in addressing the distinct transportation needs of elders.

There has been considerable momentum coalescing around issues of elder transportation upon which Elder Affairs intends to capitalize. Beginning in 1998, the Executive Office of Elder Affairs partnered with other major state Human Services agencies within an arrangement known as the Massachusetts Human Services Transportation Coordination Initiative to bring greater coherence and logic to the provision of transportation services to populations in need. In the year 2000, these collaborations resulted in the establishment of a Human Service Transportation Office (HSTO) housed within the Massachusetts Executive Office of Health and Human Services. HSTO has successfully:

- Increased available capacity by improving efficiencies within a larger fleet and system;

- Improved service management and monitoring by standardizing and coordinating collection and analysis of transportation data, as well as on site monitoring;

- Ensured cost-effective transportation by sharing of fixed costs, streamlining and standardizing program and broker management requirements, and more fully utilizing vehicles and resources within a coordinated system; and

- Enhanced consumer safety through development of comprehensive standards for all participating agencies.

The efficiencies realized by way of this consolidation have been significant. Massachusetts now provides over three million one-way trips each year for disabled and elder clients, representing an expenditure of $40 million spent annually to provide mobility and this form of independence.

Recently, the Romney Administration contributed to this momentum, advocating funding of over four million dollars for the augmenting of elder transportation services on a regional and local basis by subsidizing new van and equipment purchases. Specifically, funds are for the provision of as many as six 4-6 passenger minivans, ninety-five 8-11 passenger minivans, twelve 14 passenger minibuses and forty-three 16-20 passenger minibuses for use by regional and local Transit Authorities.

Transportation needs of the elderly will continue to be a demanding and continually evolving challenge which we intend to master by means of effective collaboration with all relevant state, municipal and local agencies or entities. Some of the most effective approaches have already been perfected by sister states. Therefore, the Executive Office of Elder Affairs intends to make maximum use of directives, resources and associated support provided through the Administration on Aging to continue to craft and focus our coordination of transportation services.

Competition in Service Provision

Elder Affairs has long highlighted the importance of competition in the provision of services to seniors. Our office follows established State standards and policies that cover request for proposal (RFP) procedures, contract policies and other issues relating to legal requirements, engagement of interested providers and adoption of fair and equitable treatment for all potential providers. The office's Contracts unit adopts policies and procedures established by the Office of the State Comptroller in ensuring that all respondents to an RFP are treated impartially. Elder Affairs recognizes that promoting competition in the provision of services is another resource to ensuring continued quality services for elders.

We continue to require that AAAs follow sub-grant award procedures that promote competition. The recently revised Title III monitoring document, "Standards and Indicators – Title III Programs" addresses competition through AAA sub-grant award procedures, with an evaluation of the following topics:

- Standard practices and procedures for requesting RFPs for Title III services;
- RFP announcement, with reasonable effort to reach minority providers;
- Technical assistance provision to all applicants;
- Existence of standard procedures for reviewing proposals, including AAA Board of Directors and Advisory Council input;
- Established written procedures for notifying applicant denied funding; and
- Right of appeal procedures provided to applicant denied funding;

The concept of competition in the provision of services under the Older Americans Act has emerged in the past year as a focus area to direct renewed attention. While Elder Affairs continues to require that AAAs follow established standards and procedures for engaging providers, our recent monitoring work indicates that the majority of providers have long established relationships with the AAAs with whom they contract. While these long-term relationships are not necessarily unhealthy, Elder Affairs will work with the AAAs to ensure that appropriate procedures and practices are in place to promote opportunities for new providers.

Cost Sharing Pilot Programs

When reauthorized in the year 2000, the Older Americans Act was appended language authorizing the use of a sliding scale, cost sharing fee schedule for certain of Title III Programs. This new approach and structure presents potentials to increase flexibility, wherewithal, and service availability at the local level by allowing and enabling elders with sufficient financial wherewithal to assume a larger share of the cost for particular services.

As part of overall planning, the Executive Office of Elder Affairs is considering pilot programs for the use of cost sharing arrangements at one or several of the State's Area Agencies on Aging. The intended goal would be eventual adoption of cost sharing in all appropriate Planning and Service Areas for purposes of allowing elders to obtain acutely needed services that are and will remain cost-prohibitive within current structures. It is anticipated that cost share systems would be employed for home repairs and other equally expensive services. We contemplate this new approach in reaction to Needs Assessment data that indicates that 'Home Repair' is consistently an unmet need reported by elders statewide.

Per directives of the Older Americans Act, Elder Affairs will monitor the implementation and operation of cost sharing pilot programs to assure that no degradation of service occurs as a result, and to ascertain the beneficial effects realized. We are hopeful that challenges that may attend use of cost sharing can be resolved and that eventual widespread use of the arrangement will go far toward purposes of helping elders remain in their homes.

Boomer Ready Initiative

Over the next twenty years, Massachusetts will see a 50% increase of the 60+ population as the "Baby Boomer" generation (those born between the years 1946 and 1964) age. In response to the fast approaching demographic bulge of older adults, Elder Affairs developed the "Boomer Ready Initiative." This Initiative is meant to prepare the Commonwealth's cities and towns for the increasing number of elders by identifying emerging issues, offering suggested options to respond to those issues, and recommending the tools to implement options.

To this end, Elder Affairs is preparing a guide for Massachusetts's municipalities to use as they prepare for the shift in demographics resulting from the aging of the Boomers. This manual will serve as a best practices guide to creating environments within Massachusetts' cities and towns that are ready for the retirement of the Baby Boom generation. The guide will be informed by the June 2005 Governor's policy conference and prepared with the assistance of the University of Massachusetts Gerontology Institute, the Massachusetts Municipal Association and other state agencies.

In connection with the Boomer Ready Initiative and in support of elders across the Commonwealth, Governor Romney proposed a tax relief package for Massachusetts senior citizens that will help them live independent and fulfilling lives in their homes and communities. Property taxes are an issue of great concern for many seniors in Massachusetts. With property values climbing so rapidly in recent years, elders with fixed incomes often find it a challenge to pay their property tax bills in order to remain in their homes.

The Governor's Bill, H2690 amends the current property tax deferral program, whereby elders can defer payment of their property taxes until their property is sold or transferred. This bill increases the program's income eligibility threshold from $20,000 to $40,000 with a local option of $60,000. This provision expands access and availability, thereby providing more elders the mechanism they need to be able to afford to remain at home.

A concern among many elders is the rate of interest charged by municipalities on the property taxes they defer. Currently the rate is set at 8%. This bill reduces the rate to 3%, thereby reducing the hesitancy that prevents many elders from participating in this program. In anticipation of the program's growth, cities and towns will no longer be required to finance the cost of deferrals. Instead, under the Governor's plan, the state will provide loans to municipalities to be repaid when the property is eventually transferred or sold. This loan program will be set up through the Treasurer's office. The interest rate charged for these loans will be no more than ½ of the 3% charged to the elder. Taken together these two provisions reduce the burden on both the elders and municipalities and make the program a more attractive option for both.

For those 70 years of age and older, this bill provides a $2,000 deduction for the purchase of physician-prescribed durable medical equipment. Under this proposal, the out of pocket cost of items such wheelchairs, walkers, and hospital beds will be deductible up to $2,000. Caregivers often go unnoticed but provide an invaluable service to their families and the Commonwealth. This bill recognizes caregivers, their importance, and their value and the services they provide to their loved ones by providing a $10,000 tax exemption for individuals caring and providing financial support for a parent, in-law, sibling or grandparent over the age of 70.

Governors Conference – "The Aging of Massachusetts"

As Massachusetts prepares for the aging of the Baby Boomer generation, it is imperative to examine the impact of this demographic shift on both the public and private sectors.

Governor Mitt Romney, in conjunction with the Executive Office of Elder Affairs, hosted a one-day policy conference in June 2005 to discuss the aging of Massachusetts. The conference, "The Aging of Massachusetts: Inherent Challenges and Opportunities" brought together academics, state, local and federal officials, private sector members, elder network professionals, and other interested parties to bring focused attention on this generation. Conference attendees spent the day developing policy on issues impacting elders and the aging Baby Boomers in areas such as, healthy aging, community living (housing, transportation, zoning), civic engagement and workforce.

This event occurred as the White House prepares for its Conference on Aging (WHCOA) scheduled for December 2005. The WHCOA occurs once each decade to make aging policy recommendations to the President and Congress, and to assist the public and private sectors in promoting dignity, health, independence, and economic security for current and future generations of older persons. This year's White House Conference on Aging, "The Booming Dynamics of Aging: From Awareness to Action," will focus on the shifting demographic of the Baby Boomer generation and its impact on society, culture, and infrastructure.

National Governors Association Conference

Massachusetts was one of only eight states chosen to participate in the National Governors Association Policy Academy on Rebalancing Long Term Care which met in August 2004. A dedicated team of legislators, providers and cross-EOHHS agency representatives has focused on three key areas of policy: stakeholder development, healthy aging, and strengthening our Community First policy. A stakeholder meeting focusing on the elder and disabled community working together to find common objectives was held on June 20, 2005. The feedback from the participants will drive the future action plans of this group. The Commonwealth was awarded a $48,000 grant to continue this work.

Community First Policy

Community First refers to an overarching policy with respect to the long term supports for elders and people with disabilities. It is also the philosophy that guides our work and reinforces the preferences of elders for home and community based settings over institutional services when appropriate.

Central to the advancement of Community First is the need to create among providers, consumers, and state government a shared vision and a sense of shared destiny. The challenges that our country and the Commonwealth face as our population ages, and the opportunities available as a result of advances in health care and medical technology, hold the promise of longer and richer lives at home and in the community for the majority of people. Joint efforts to advance Community First will only enhance the quality of our common life.

The Executive Office is engaged in the design, implementation and delivery of Long-Term Care services for both elders and adults with disabilities. Long-Term Care services include both community and institutional modes of care. Community First is a core part of the Governor's Strategic Plan for the Executive Office of Health and Human Services. It is based on the belief that frail elders or individuals with significant disabilities can continue living in the community. In order to implement this policy, home and community based services will be made available to elders and individuals with disabilities before institutional care is their only option. Community First has grown out of recent Federal and State initiatives to secure the well being of elders and individuals with disabilities including:

- President's New Freedom Initiative (2001)
- Securing Centers for Medicare and Medicaid Services Grants through President's New Freedom Initiative (2000-present)
- Olmstead Hearings (2002)
- Enhancing Community Based Supports (2002)
- Establishment of Governor's Community First Policy (2003)
- Transforming Long Term Supports (2003)

In a variety of recent public forums, elders and individuals with disabilities have voiced their concerns to have greater choice and autonomy over supportive services. The Commonwealth has responded by adhering to a Community First policy that is:

- Consumer directed
- Cross disability
- Across a wide age span
- Cross cultural

Community First is being realized through the following objectives:

1. Realigning the range of service options from institutional care to community care.

    - Provide supports to individuals to remain in their own home.
    - Utilize and develop alternative and affordable forms of housing.
    - Utilizing existing institutional settings as a last resort.

2. Changing the financial and clinical eligibility requirements to be able to provide Home and Community Based services (HCBS) before institutional care.

    - Prevent more costly interventions, including nursing facility placement by providing a wider range of choices to individuals earlier in their treatment.
    - Change financial rules to allow individuals to access preventive and supportive services in the community.
    - Change clinical rules to allow individuals to be eligible for services before a condition becomes acute or necessitates hospital or institutional admission.
    - Make a flexible budgeting approach available to individuals.

3. Build upon existing service structures within EOHHS and the community to work in an interdisciplinary format, serving elders and individuals with disabilities across their lifespan.

    - Utilize evidence based "best practices" chosen from state and national models to serve target populations.
    - Utilize the existing service structure to provide services to a greater range of clients. This involves developing greater cross-agency collaboration and care management.
    - Utilize the expertise of our consumers to assist in guiding the enhancement and development of services.

Toward this end, Community First has already made significant progress. The Center for Medicare and Medicaid (CMS) has approved an amendment to expand the financial eligibility for Massachusetts' frail elders in order to allow more individuals to have access to home and community based supports. Key Community First initiatives have been launched. These include increasing the level of nursing facility screening and the development of a conjoint Medicare and Medicaid Senior Care Organization 5 year demonstration.

The Commonwealth has also secured ten CMS system change grants under the President's New Freedom Initiative. One of the ten grants, the Aging and Disability Resource Center grant, is jointly funded by the US Administration on Aging (AOA). The other nine grants are:

1. Real Choice Systems Change
2. Independence Plus
3. Nursing Facility Transition
4. Community Based Treatment Alternatives for Children with Severe Emotional Illness
5. Community Integrated Personal Assistance Services and Supports
6. Quality Assurance/Quality Improvement
7. Medicaid and Comprehensive Employment Opportunities Infrastructure Grant
8. Mental Health Systems Transformation Grant
9. Family to Family Center Grant

The grants are essential as they help to effectively inform and develop state policy and an array of services. The Commonwealth is also actively developing a research and demonstration waiver for elders and individuals with disabilities to be submitted to CMS. The Community First waiver will facilitate an array of home and community services as an alternative to institutional care, whenever appropriate. Our intention is to expand financial eligibility and provide a wider range of flexible choices and autonomy with community supports to assist those in need.

Consumer Directed Care

Consumer Directed Care (CDC) encourages consumers to become more aware of what they are spending and to take a more active role in making care decisions. Elder Affairs supports CDC since this model empowers elders to control the services they need to remain in the community. CDC also addresses some of the limitations of the Home Care Program, such as the lack of direct care workers and/or providers in a geographical area, and the lack of bilingual/bicultural workers. Twelve out of the 27 Aging Services Access Points (ASAP) have already implemented a CDC model as part of the State Home Care Program. Each, however, has developed their model differently with different rules and guidelines for elders who wish to take part in this program.

In moving forward with the Community First initiative, the consumer direction concept will play a prominent role. As now envisioned, CDC will be part of the Home Care Program, but unlike the traditional agency model where ASAPs hire vendors to perform services, CDC gives the elder freedom to recruit, hire, train, and if necessary, dismiss his/her worker. Workers can perform any homemaking or personal care tasks.

At this time, the Executive Office of Elder Affairs is taking the first steps toward ensuring the availability of Consumer Directed services across the state. Elder Affairs is working to develop standards for CDC programs and to require that eventually, each ASAP offers this option to their clients. A workgroup of ASAP representatives has met several times over the past year with Elder Affairs staff to provide input related to their experience with providing CDC programs, and their advice and expertise on the development of CDC standards.

Creating Partnerships

Elder Affairs enjoys the benefits that fostering and supporting partnerships provides to all parties within a relationship. We continue to foster relationships within the elder network as well as create and nourish outside partnerships. Our work with Area Agencies on Aging, the Council on Aging network, Aging Services Access Points, Massachusetts Legislative leaders, other State offices, community leaders, elder advocates, and both community and institutional providers points to the collaborations necessary to develop and enhance comprehensive and coordinated community based systems for serving elders.

Collaboration with the University of Massachusetts has been a long-standing relationship that allows Elder Affairs to leverage the resources of the University to further its goals and priorities.

Through the Commonwealth Medicine/University of Massachusetts Medical School Center for Health Policy and Research (CHPR), Elder Affairs has utilized the resources of CHPR to facilitate a number of strategic planning initiatives, program evaluation projects, and policy development initiatives. Additionally, CHPR conducted the Aging Services Access Points Capacity-Building Review and is assisting with other strategic planning activities and priority projects, including the development of the Community First Initiative.

The Center for Health Care Financing, within the Commonwealth Medicine/University of Massachusetts Medical School, assists Elder Affairs with Medicaid administrative claims, as well as with developing and securing federal approval of Medicaid waivers, including the current waiver for elders. The Center also provides assistance in developing information systems solutions for Elder Affairs.

Another key partnership with the Gerontology Institute at the University of Massachusetts Boston has been involved in a number of projects with Elder Affairs. Currently, the Gerontology Institute is working with Elder Affairs on the Boomer Ready Initiative.

Advocacy and Community Outreach

The Secretary of Elder Affairs, along with members of the Elder Affairs staff, participates in community outreach, community listening sessions, and advocacy on behalf of elders across the Commonwealth. This effort involves work with public and private organizations, non-profits, academic institutions, and elder advocacy groups. Since 2003, the Secretary participated in ninety-two community outreach activities, including providing keynote addresses at many.

Informing the advocacy work of the Secretary and Elder Affairs in promoting elder citizens and program initiatives, and in support of providers across the elder network, are several important committees. The Citizens' Advisory Committee (CAC) is mandated by M.G.L c. 19A section 5 and serves to advise and assist the Secretary on matters relating to the special needs of elders. CAC members are appointed by the Secretary on the basis of their long-time civic and community involvement. In accordance with the Committee's governing bylaws, at least 50% of the board must be 55 years of age or older, reflect a diversity of groups, geography, and represent other factors. Members serve 3-year terms and elect their own leadership, which in turn sets Committee agendas and appoints subcommittees to develop recommendations on specific issues of concern.

Beginning in 2004, for the first time in Elder Affairs history, the Secretary's Professional Advisory Committee (SPAC) was convened. This Committee was created to complement the mandated Elder Affairs Citizens' Advisory Committee. SPAC consists of dedicated elder care professionals who have agreed to meet quarterly to advise the Secretary on issues facing the 1.1 millions elders of the Commonwealth and on the emerging issues related to the aging of the Baby Boomer Generation.

In April 2005, the office convened the Elder Affairs Committee on Diversity. The full spectrum of our Commonwealth's diversity is represented in our elder population. As Elder Affairs considers ways to effectively carry out its mission of providing leadership, advocacy, and services to support seniors in Massachusetts, it has become clear that it is important to convene a forum to discuss the issues and opportunities that diversity brings. This Committee will meet quarterly to exchange information, to identify issues, and to share promising practices and success stories. Membership on the Committee reflects the diversity of the elder population in the Commonwealth.

Elder Service Network in Massachusetts

The Older Americans Act establishes a system whereby authorized program funds flow through the State Unit on Aging and arrive at various Area Agencies on Aging (AAA) where they achieve realization in home and community-based supportive and nutrition services. In Massachusetts, there are twenty-three Area Agencies on Aging representing a like number of Planning and Service Areas (PSA). Planning and Service Areas are collections of communities which any given Area Agency on Aging serves; PSAs in Massachusetts range in size and composition from a single to city to ones that serve over thirty cities and towns.

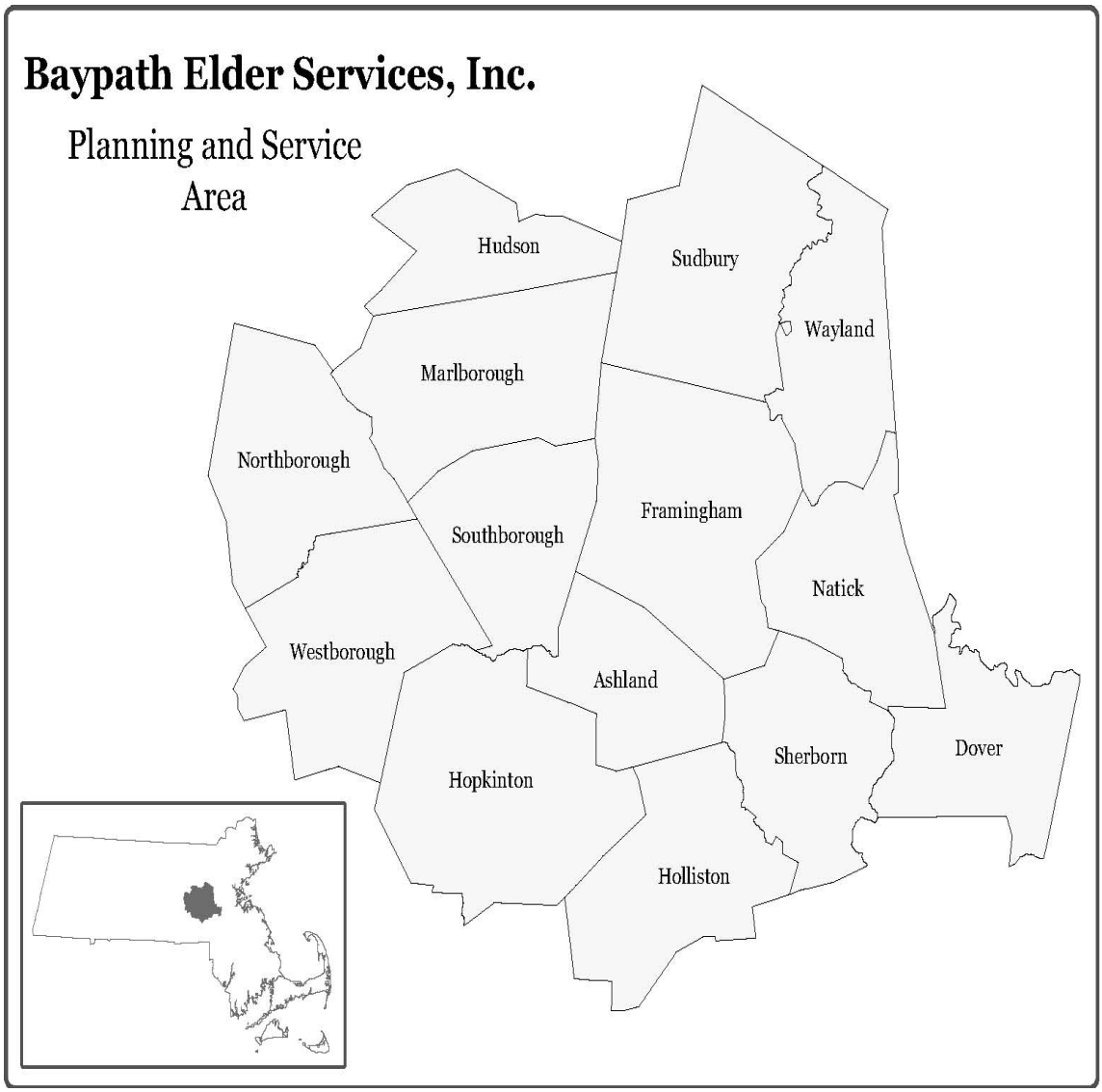
Responsibilities for overseeing Older Americans Act Programs at the Area Agencies on Aging reside with an Area Planner. Area Planners solicit and contract with private vendors for services, administer the disbursement of funding, monitor programs for regulatory compliance and maintenance of quality, and generally coordinate operation of services and resources.

Area Agencies on Aging and the Area Planners represent the original structure and system for delivering federally funded services to the elders of the nation and the Commonwealth. As in the past, this structure will continue to be the very basis for the Executive Office of Elder Affairs' delivery of services to our constituencies. Area Agencies on Aging provide services in concert with another group of entities known as Aging Services Access Points, (or 'ASAPs', authorized within Section 19A of Massachusetts General Law), which are often collocated with AAAs. ASAPs were formerly known as "Home Care Corporations", a moniker that spoke to their principal responsibility of operating the state-funded Home Care Program, a collection of supportive services designed to help elders remain independent and in their own homes, services that naturally complement those of the AAAs. In the Commonwealth, there are 27 Aging Services Access Points, 20 of which are collocated with an Area Agency on Aging; seven ASAPs are 'stand-alone' entities, leaving three free-standing AAAs that fall outside the ASAP system.

The Massachusetts Elder Service network includes thousands of dedicated volunteers and many public and private organizations throughout the state. Additional public and private non-profit entities contract with Elder Affairs to locally administer other service programs, including the Long Term Care Ombudsman program and the health benefits counseling program, Serving the Health Information Needs of Elders (SHINE). The network includes 348 municipal Councils on Aging and 290 senior (and drop-in) centers, nearly all of which are affiliated with Councils on Aging.

On the pages that follow is a full map of the Commonwealth with all twenty-three AAAs represented, along with individual maps of the Commonwealth's Planning and Service Areas along with their parent Area Agency on Aging and, in most instances, a collocated Aging Services Access Point. Towns and cities served are named, their physical arrangement among one another indicated and, finally, placed within the context of their location in the larger Commonwealth. Contact information and addresses are also included. Taken together, the maps represent graphic depiction of the elements that comprise the Elder Service Network in Massachusetts. Lastly, the seven 'stand-alone' ASAPs are detailed.

[Full map of the Commonwealth with all twenty-three AAAs represented still in development.]



Baypath Home and Community Services, Inc.
Area Agency on Aging/Aging Services Access Point

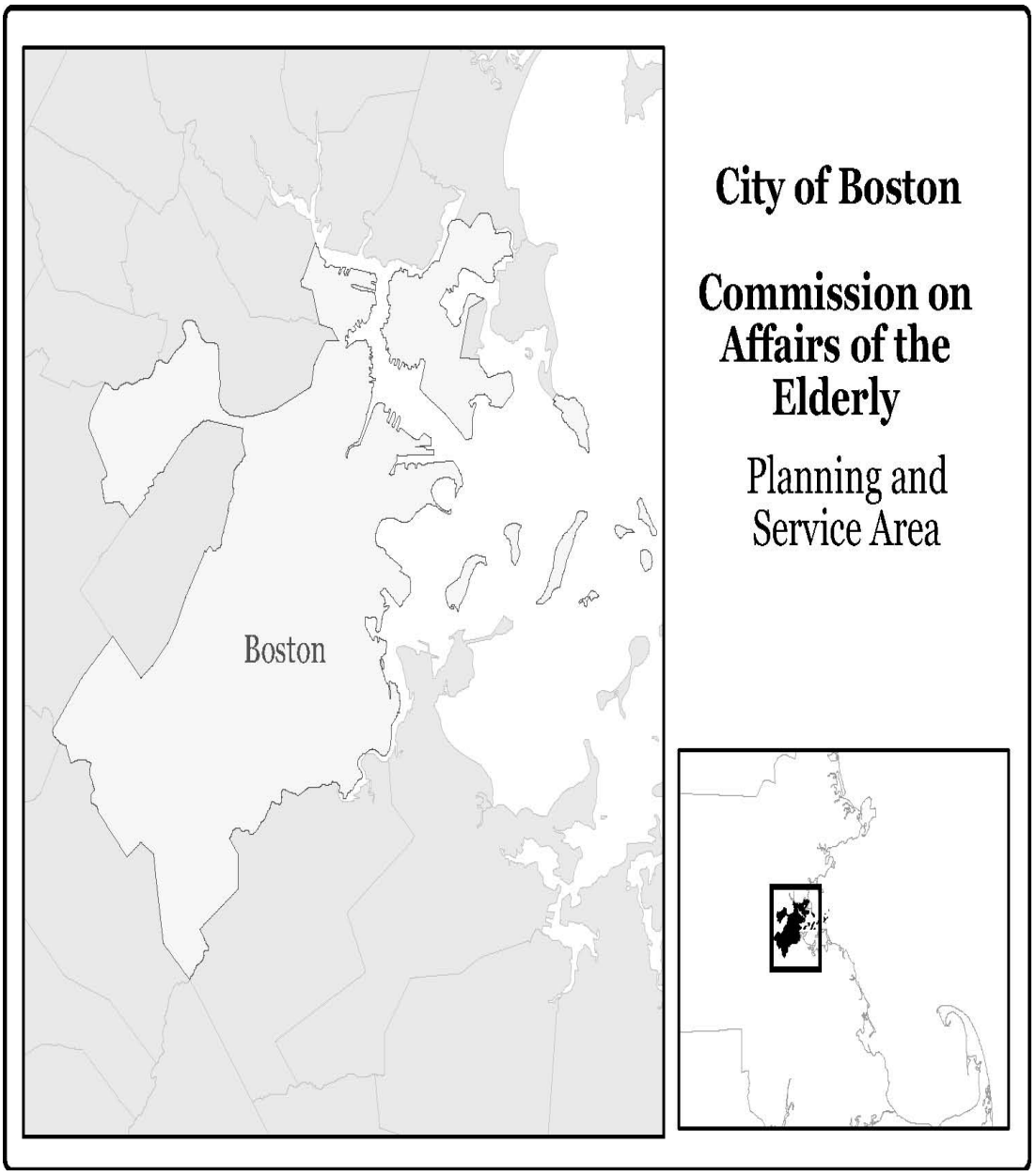
354 Waverly Street
Framingham, MA 01702

1-800-287-7284
FAX: 508-872-3325
TTY: 508-872-5012

Elder Services of Berkshire County, Inc.
Area Agency on Aging/Aging Services Access Point

66 Wendell Avenue
Pittsfield, MA 01201

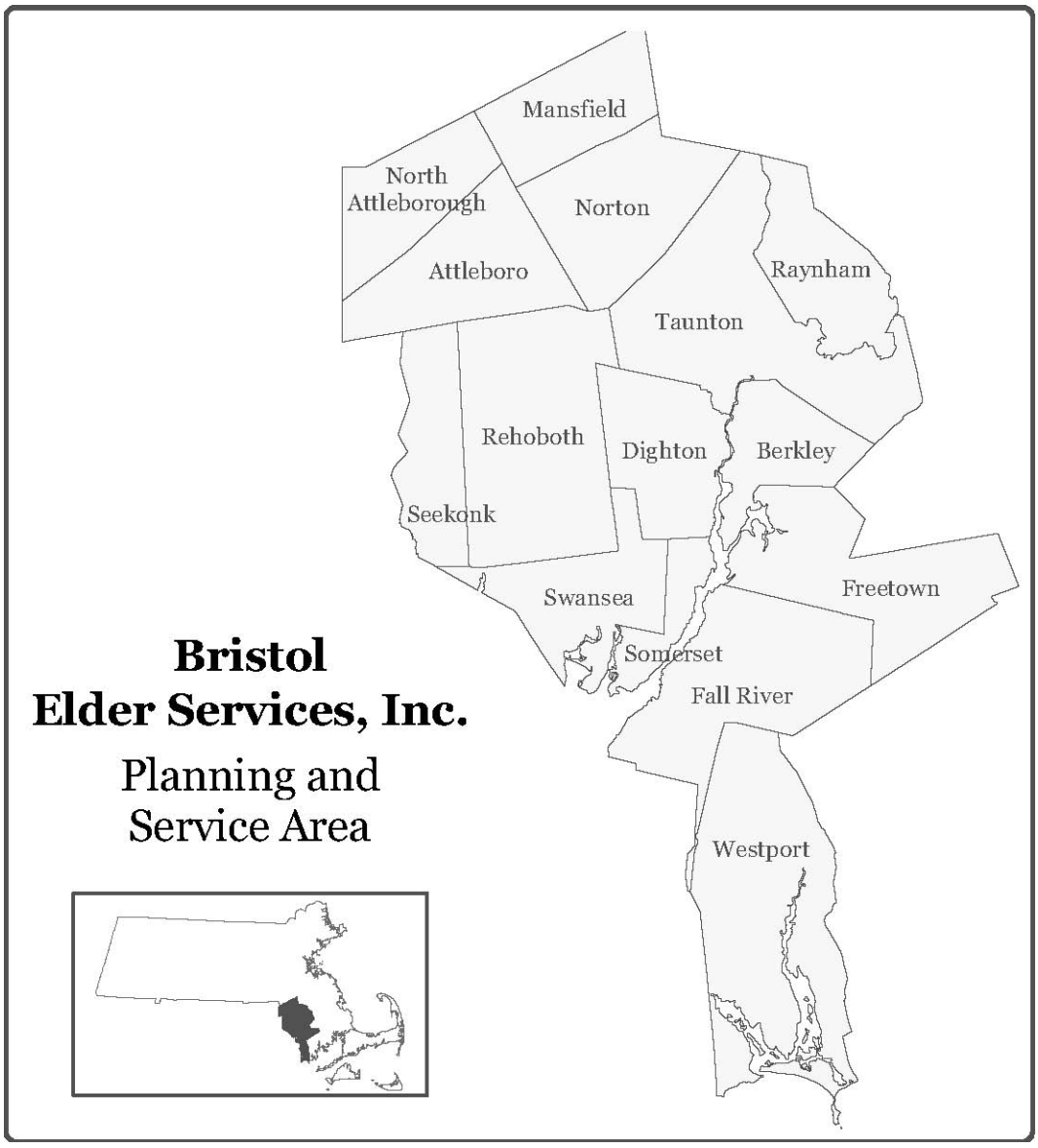
800-544-5242
FAX: 413-442-6443
TTY: 413-499-9764



City of Boston Commission on Affairs of the Elderly
Area Agency on Aging

Boston City Hall
One City Hall Plaza
Boston, MA 02201

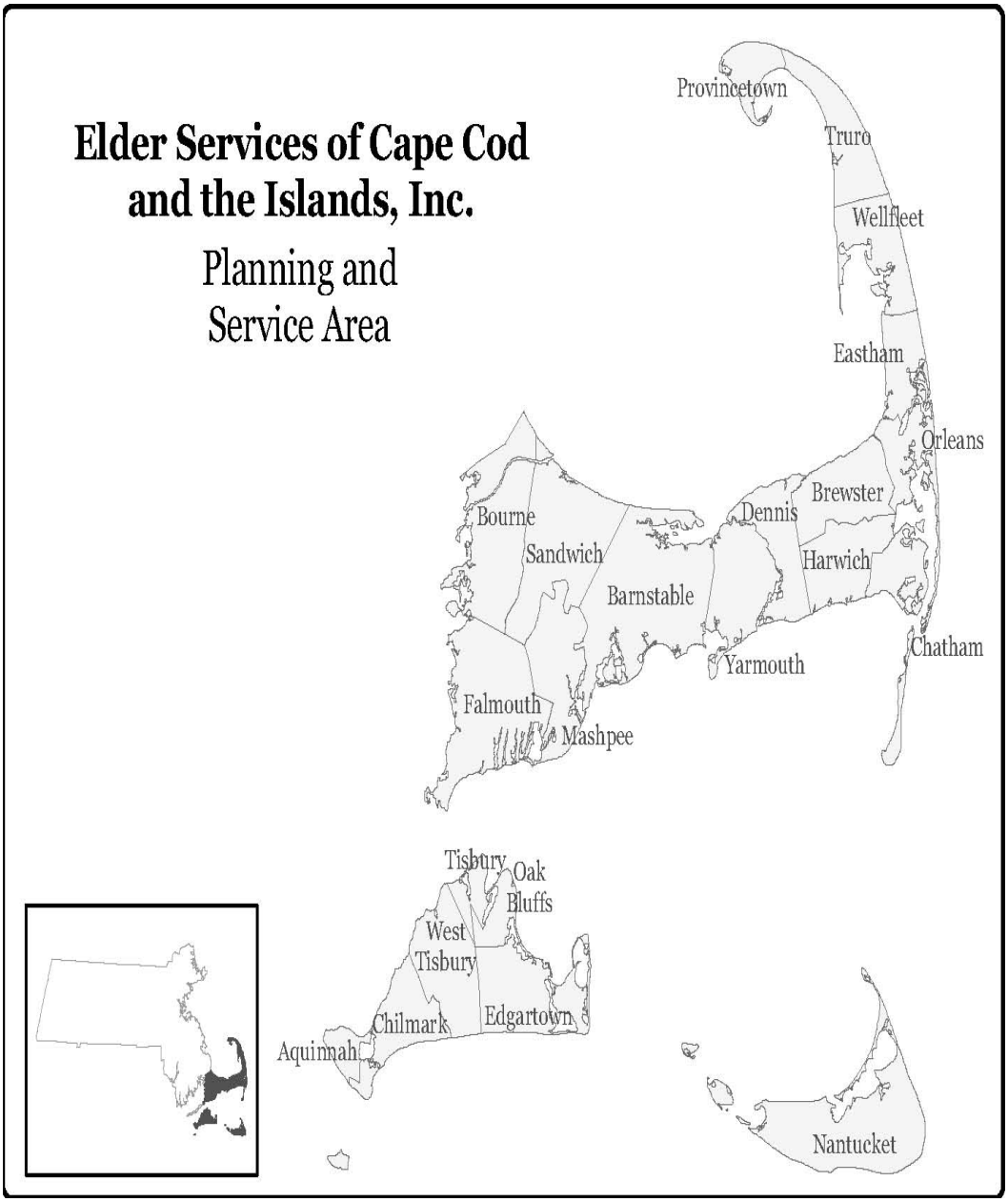
617-635-4366
FAX: 617-635-3213
TDD: 617-635-4599



Bristol Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point

182 North Main Street
Fall River, MA 02720

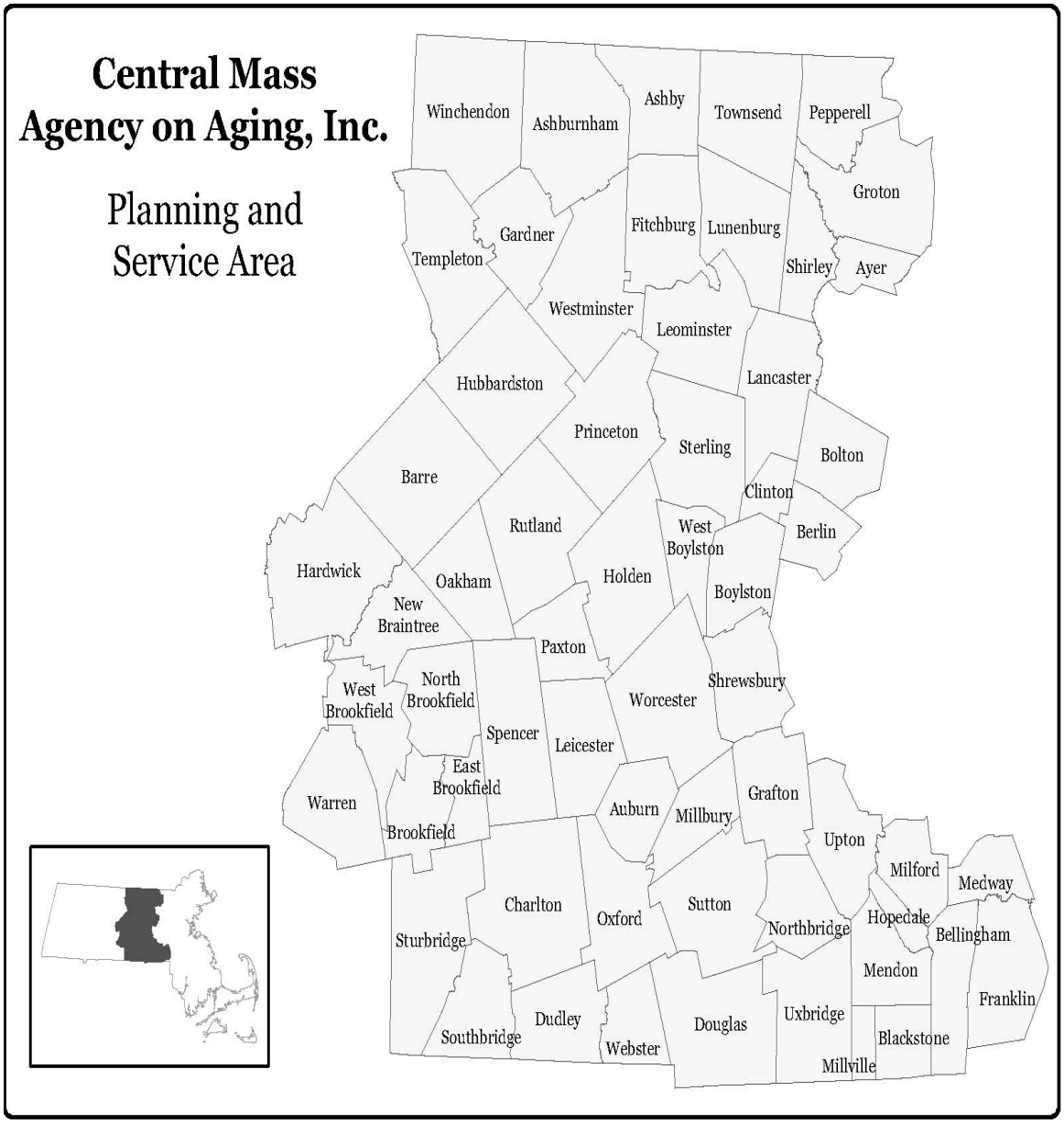
800-427-2101
FAX: 508-679-0320
TDD: 508-646-9704



Elder Services of Cape Cod and the Islands, Inc.
Area Agency on Aging/Aging Services Access Point

68 Route 134
South Dennis, MA 02660

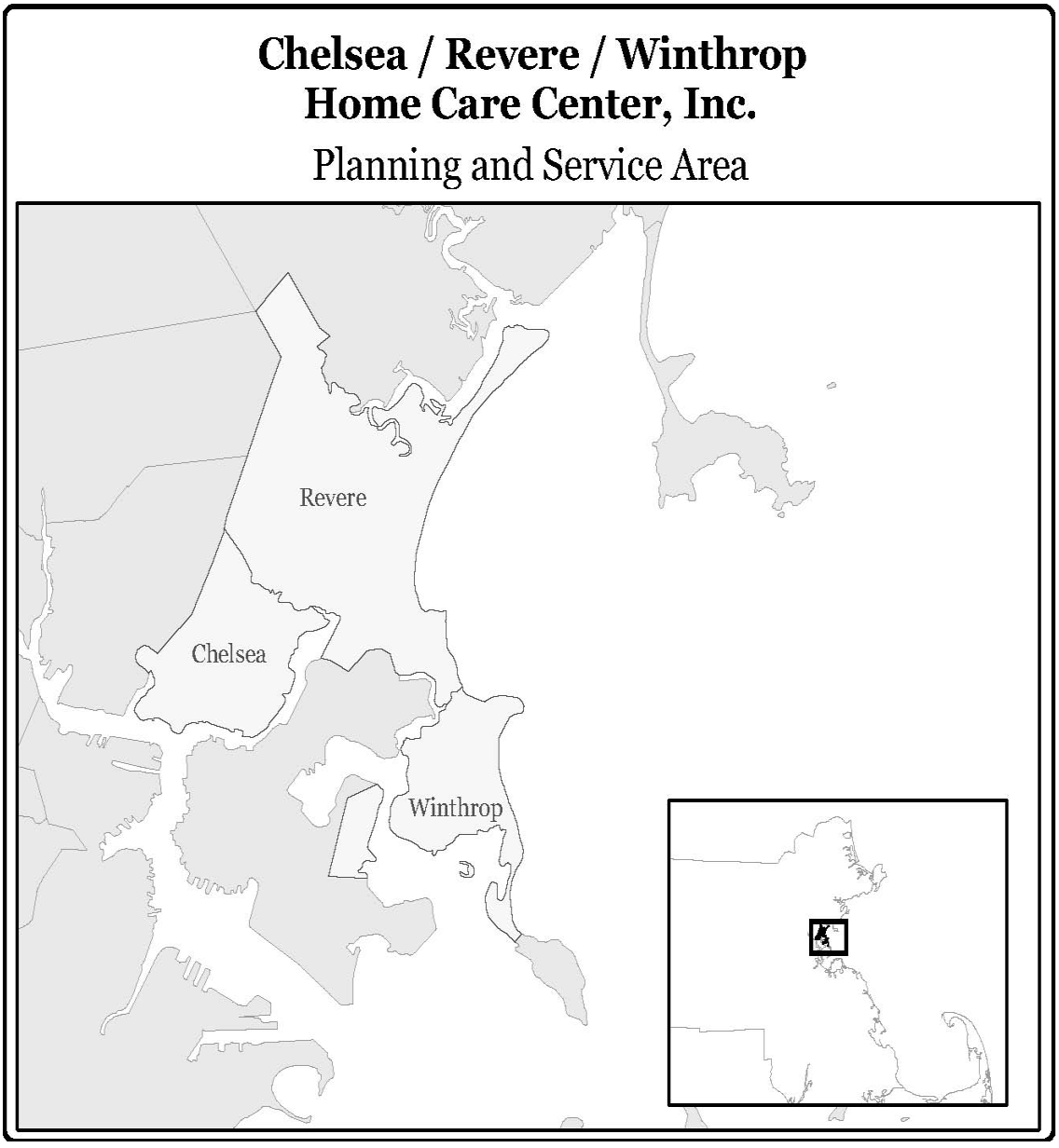
508-394-4630
FAX: 508-394-3712
TTY: 508-394-8691



Central Massachusetts Agency on Aging
Area Agency on Aging

360 West Boylston Street
West Boylston, MA 01583

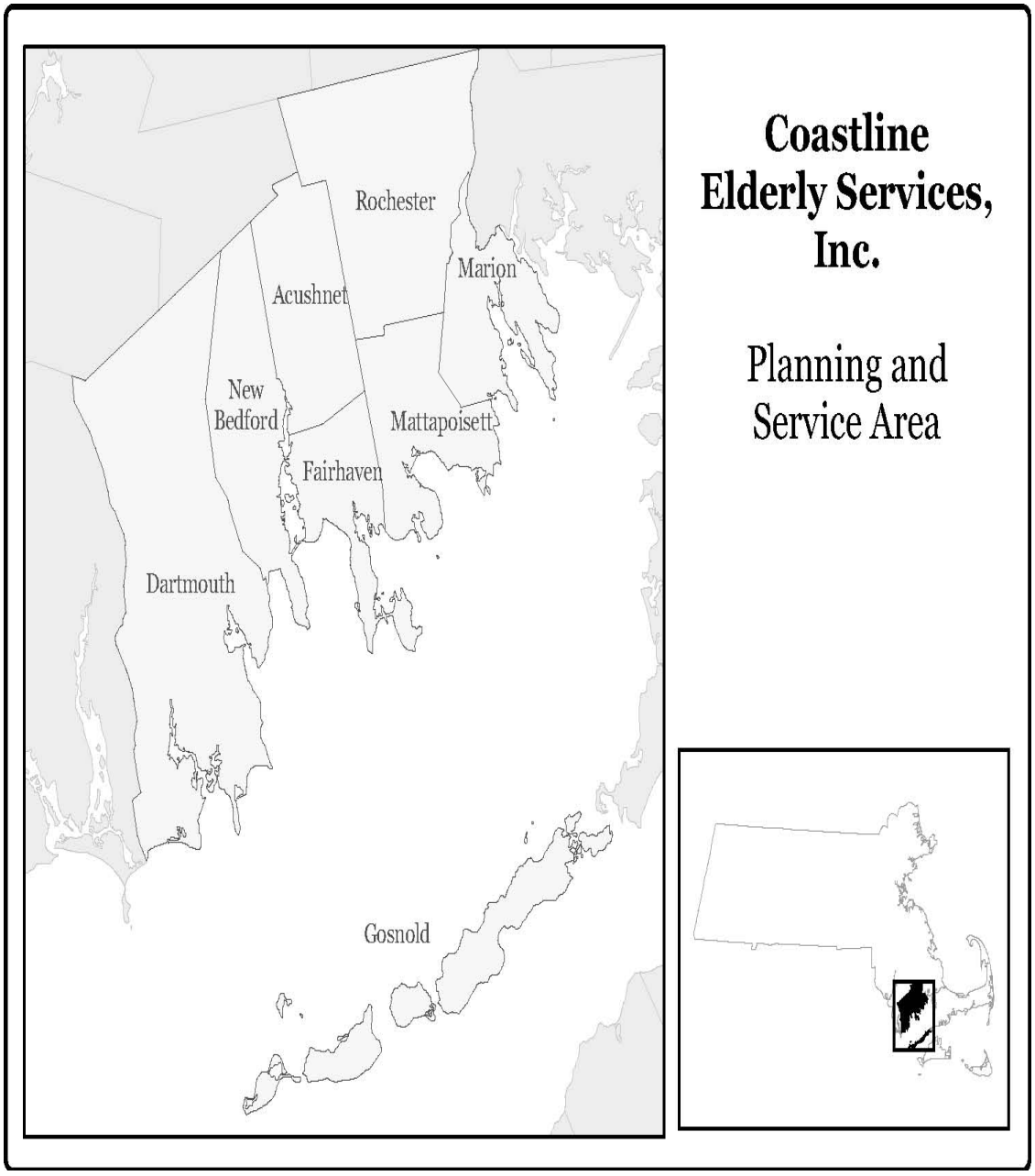
508-852-5539
FAX: 508-852-5425
TDD: 508-852-5539



Chelsea/Revere/Winthrop Home Care Center, Inc.
Area Agency on Aging/Aging Services Access Services

100 Everett Avenue
Chelsea, MA 02150

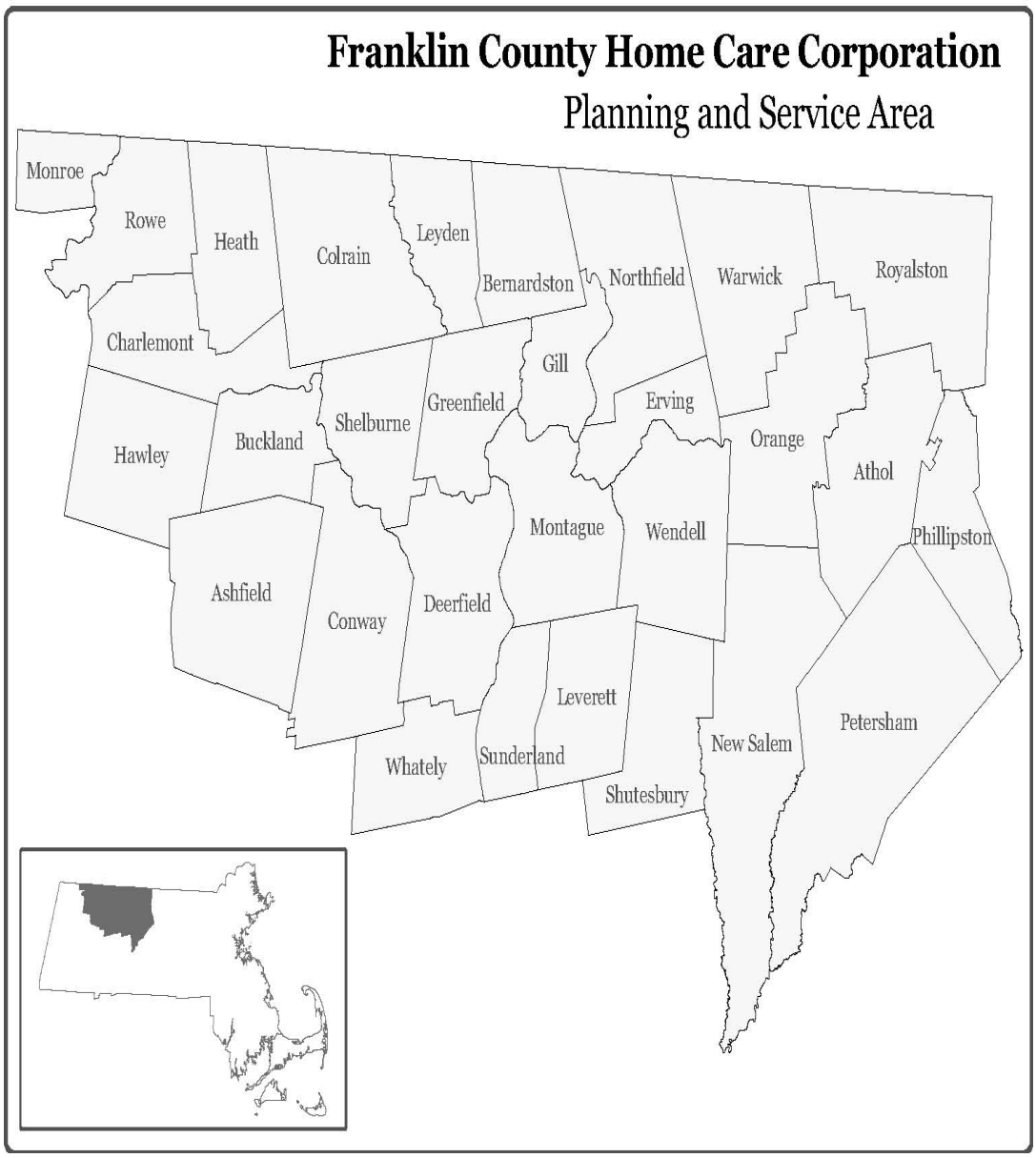
671-884-2500
FAX: 617-884-7988
TTY: 617-695-0437



Coastline Elderly Services, Inc.
Area Agency on Aging/Aging Services Access Point

1646 Purchase Street
New Bedford, MA 02740

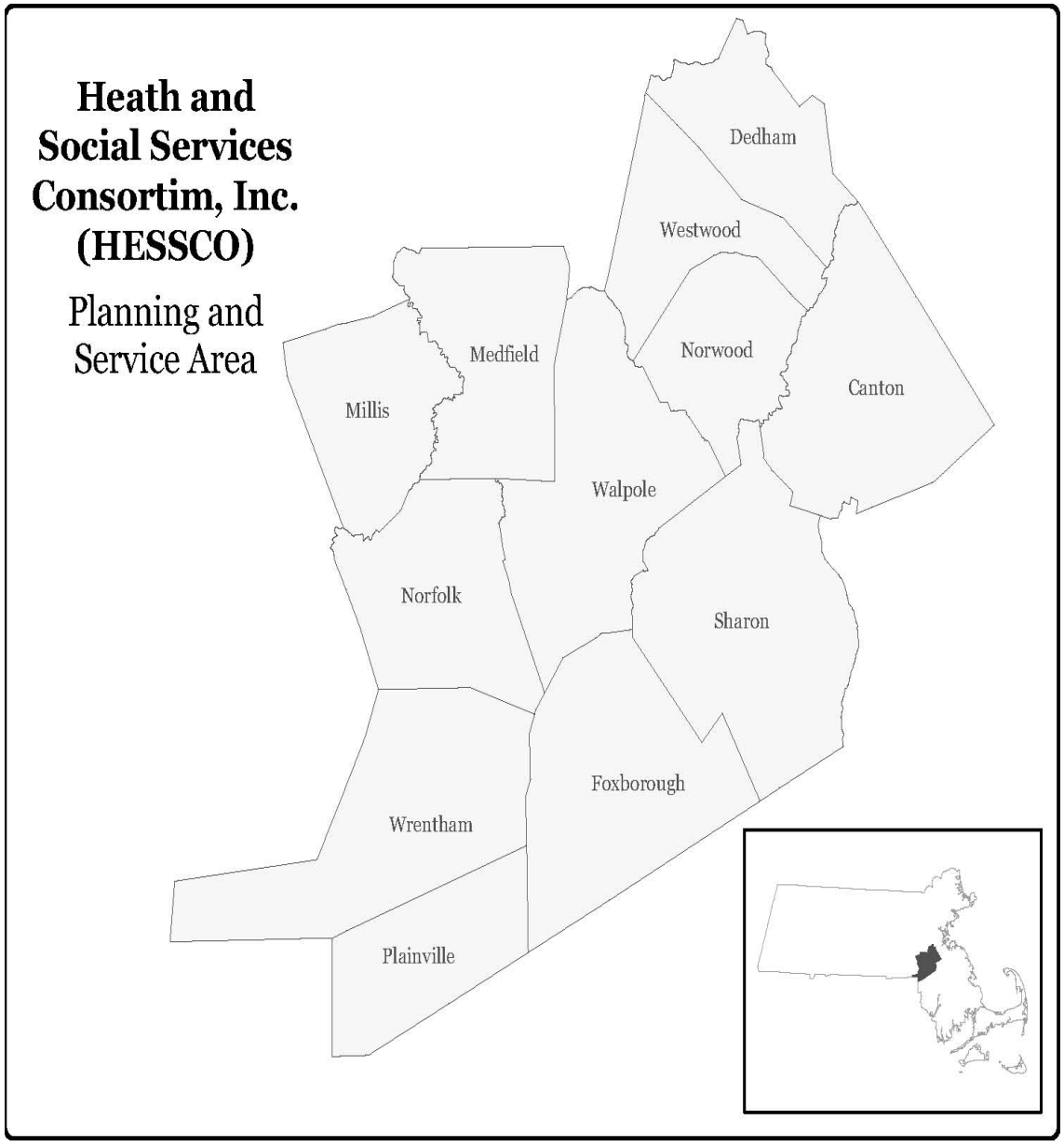
508-999-6400
FAX: 508-993-6510
TDD: 508-994-4265



Franklin County Home Care Corporation
Area Agency on Aging/Aging Services Access Point

330 Montague City Road
Turner Falls, MA 01376

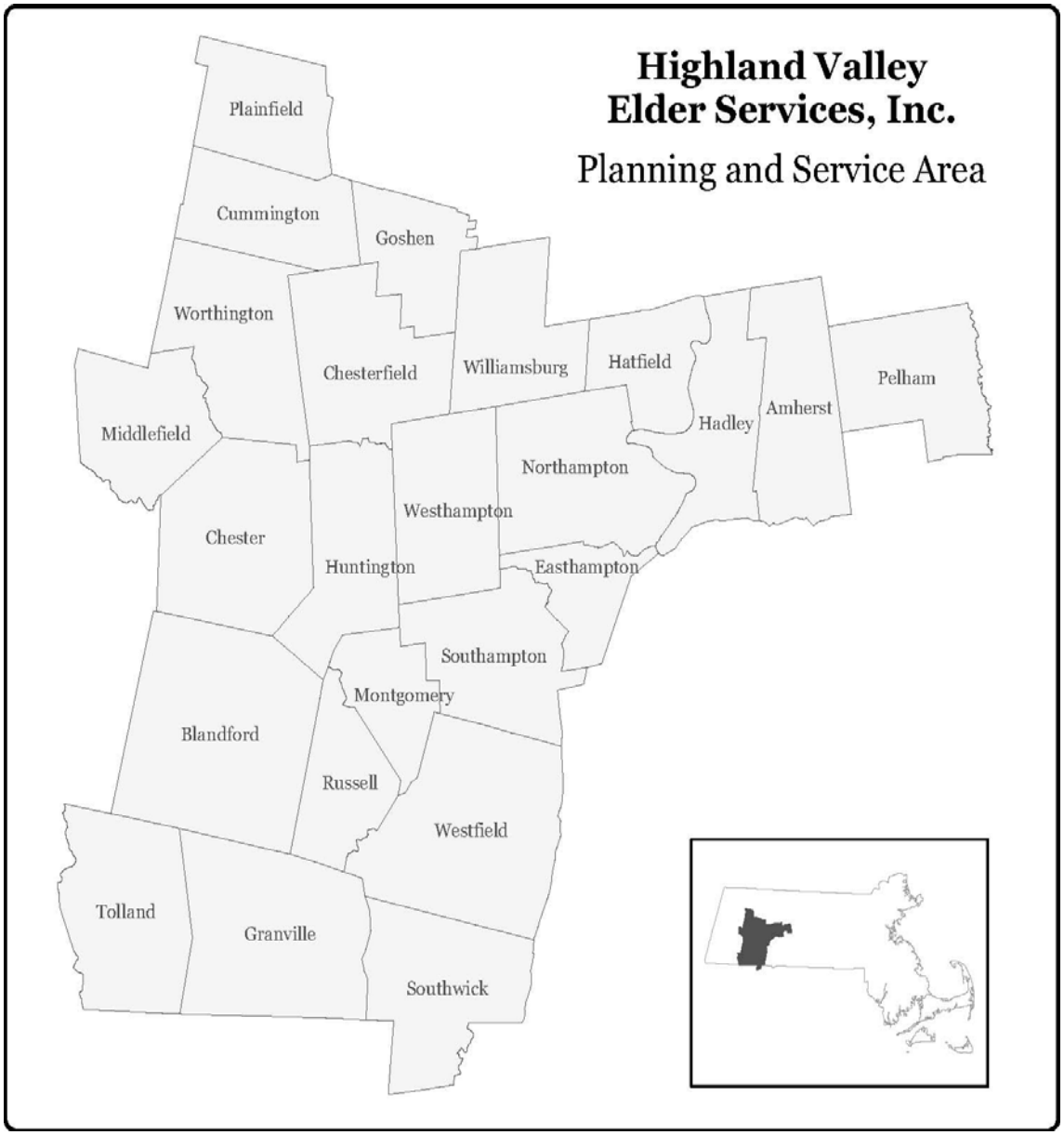
800-732-4636
FAX: 413-772-1084
TDD: 413-772-6566



Health and Social Services Consortium, Inc. (HESSCO)
Area Agency on Aging/Aging Services Access Point

One Merchant Street
Sharon, MA 02067

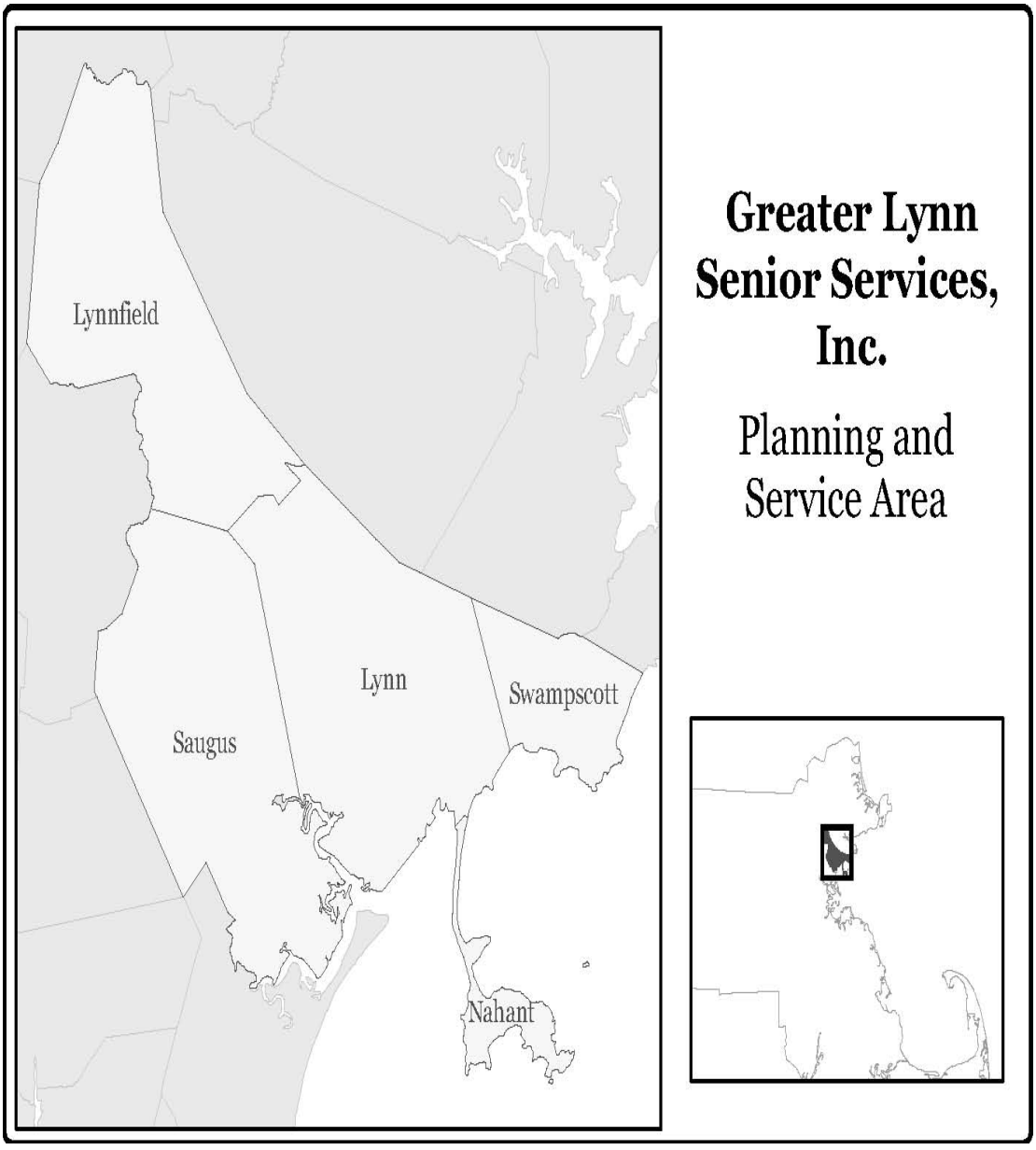
800-462-5221
FAX: 781-784-4922
TTY: 781-784-4944



Highland Valley Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point

320 Riverside Drive
Florence, MA 01062

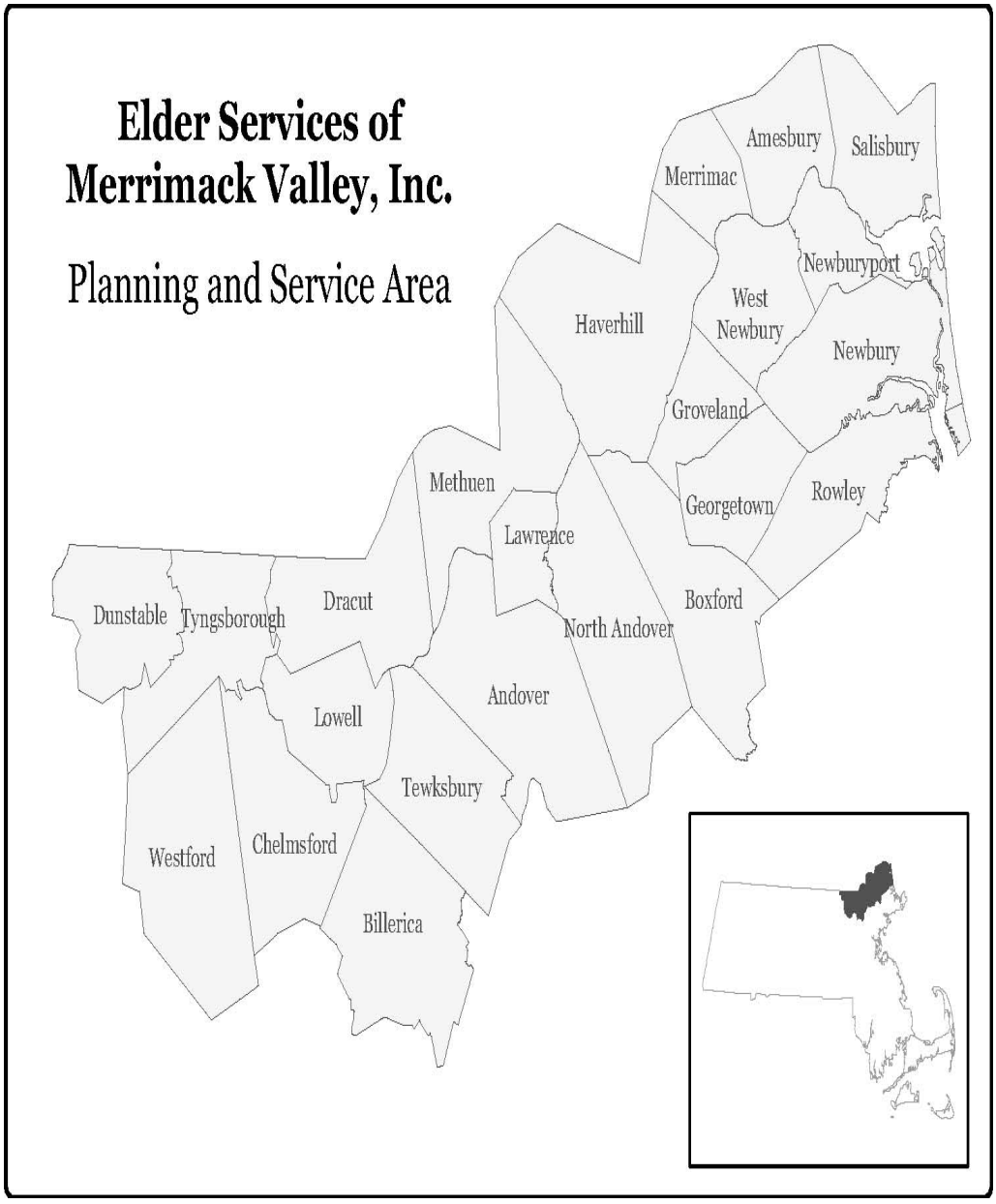
800-322-0551
FAX: 413-584-7076
TDD: 413-585-8160



Greater Lynn Senior Services, Inc.
Area Agency on Aging/Aging Services Access Point

Eight Silsbee Street
Lynn, MA 01901

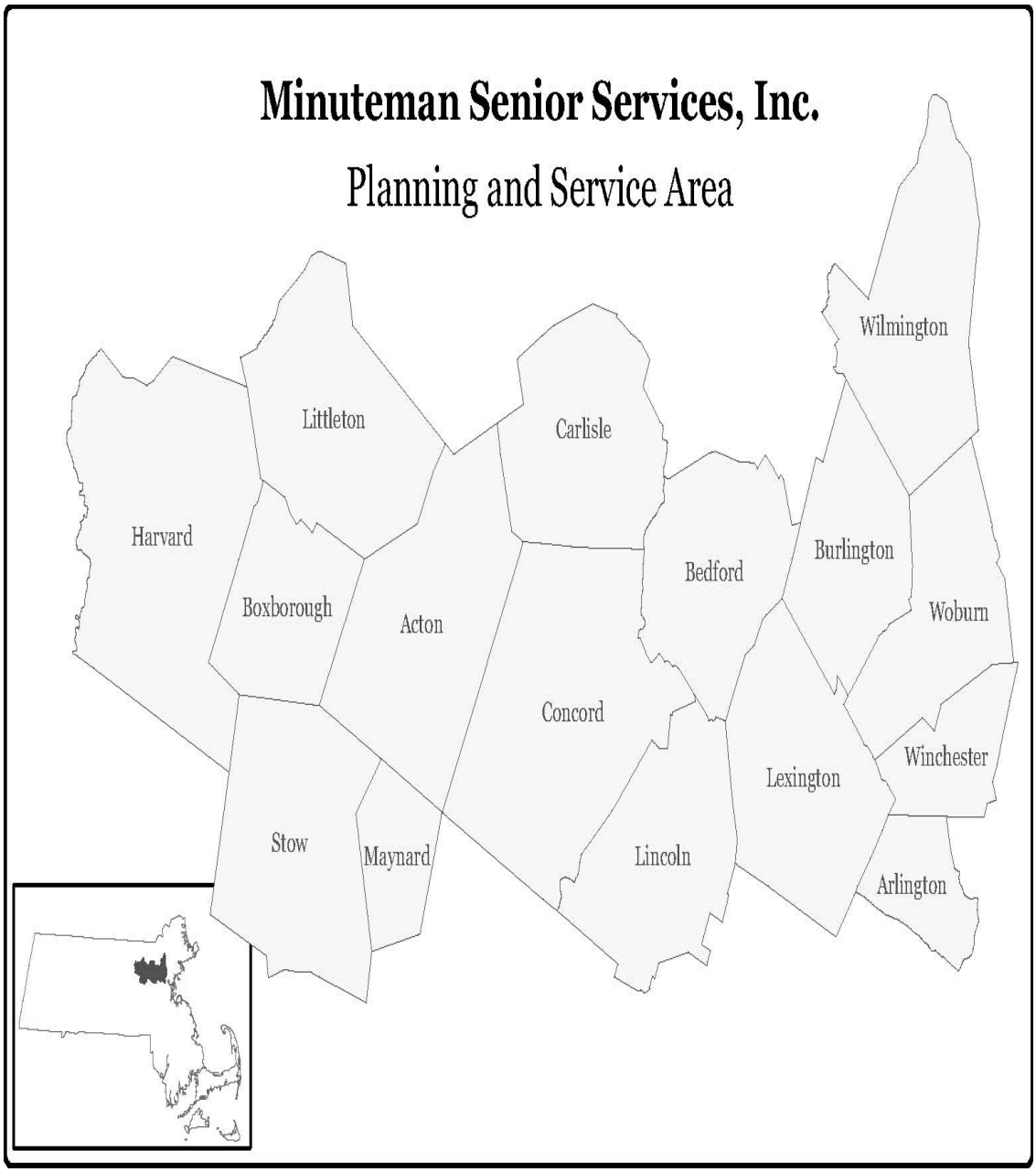
781-599-0110
FAX: 781-592-7540
TDD: 781-477-9632



Elder Services of Merrimack Valley, Inc.
Area Agency on Aging/Aging Services Access Point

360 Merrimack Street
Lawrence, MA 01843

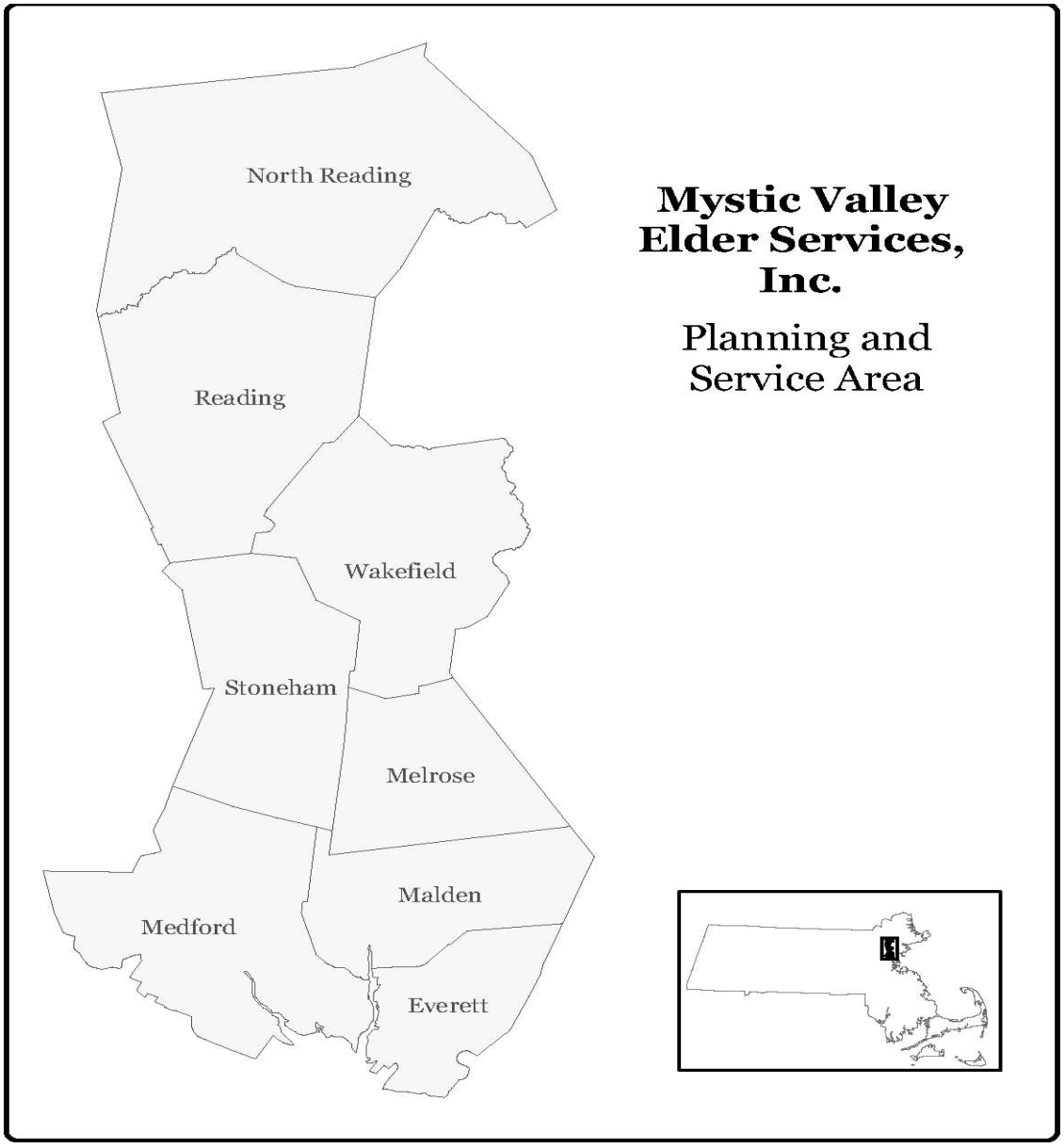
800-892-0890
FAX: 978-687-1067
TDD: 800-924-4222



Minuteman Senior Services, Inc.
Area Agency on Aging/Aging Services Access Point

24 Third Avenue
Burlington, MA 01803

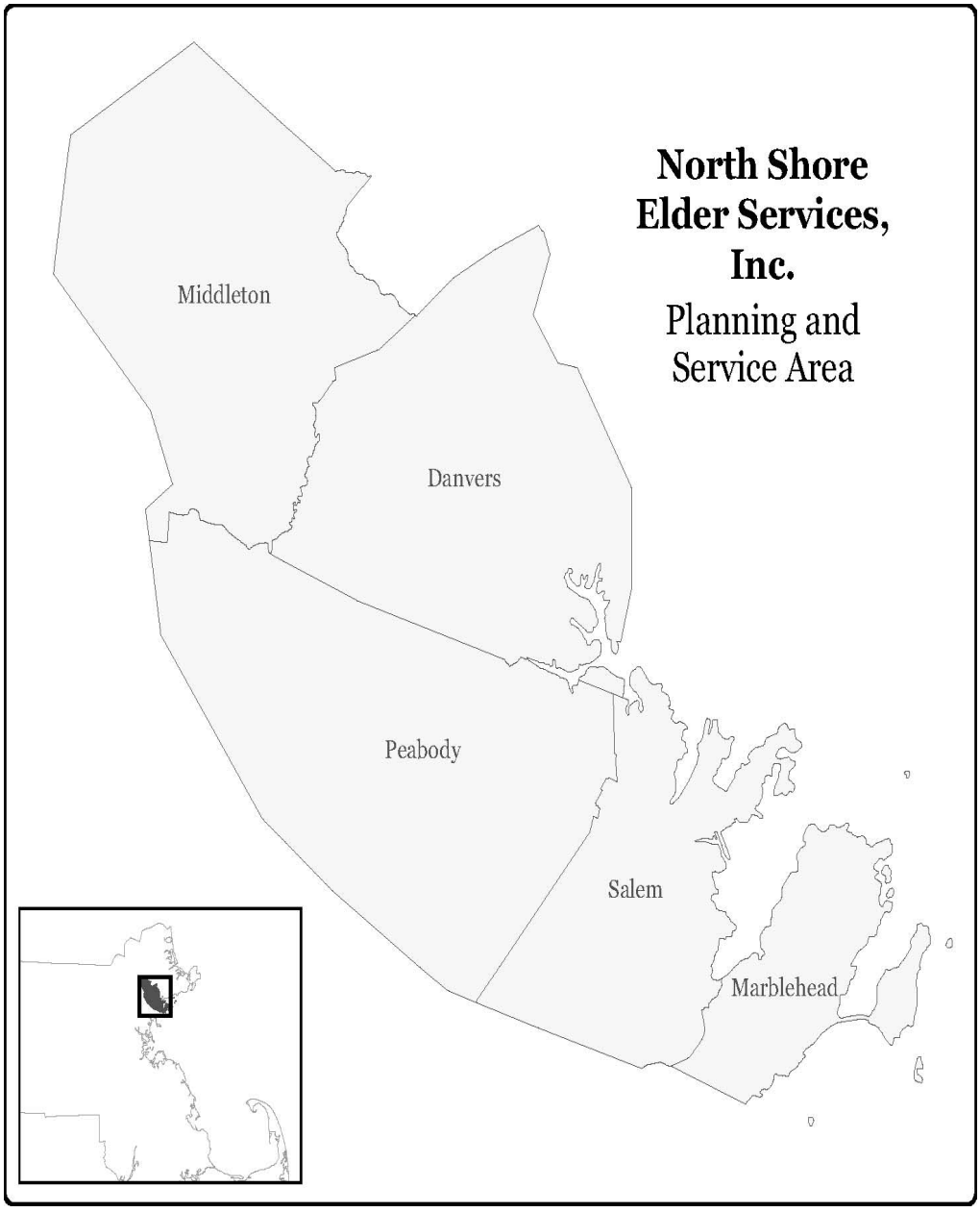
781-272-7177
FAX: 781-229-6190
TDD: 617-272-3114



Mystic Valley Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point

19 Riverview Business Park
300 Commercial Street
Malden, MA 02148

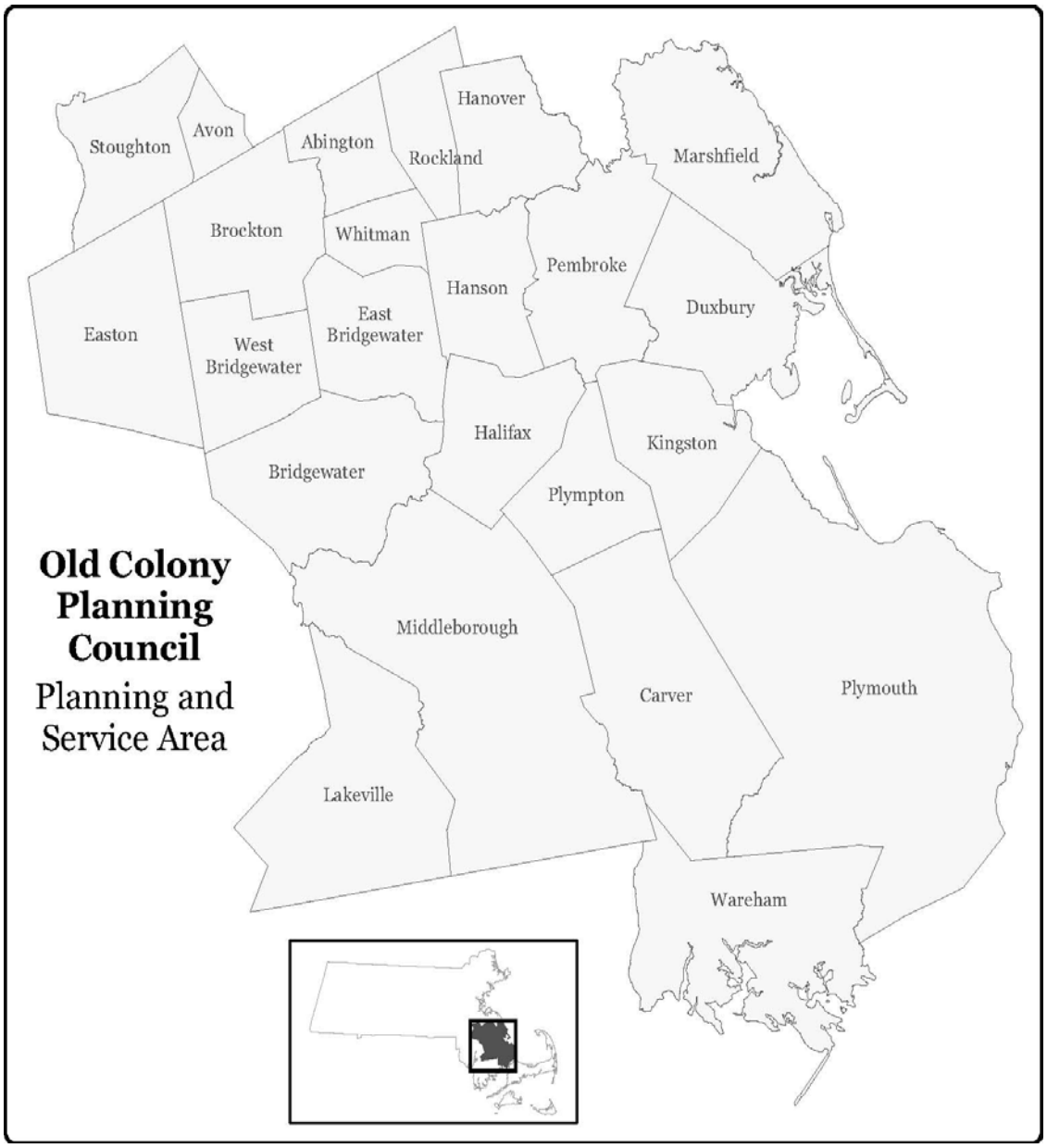
781-324-7705
FAX: 781-324-1369
TDD: 781-321-8880



North Shore Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point

152 Sylvan Street
Danvers, MA 01923

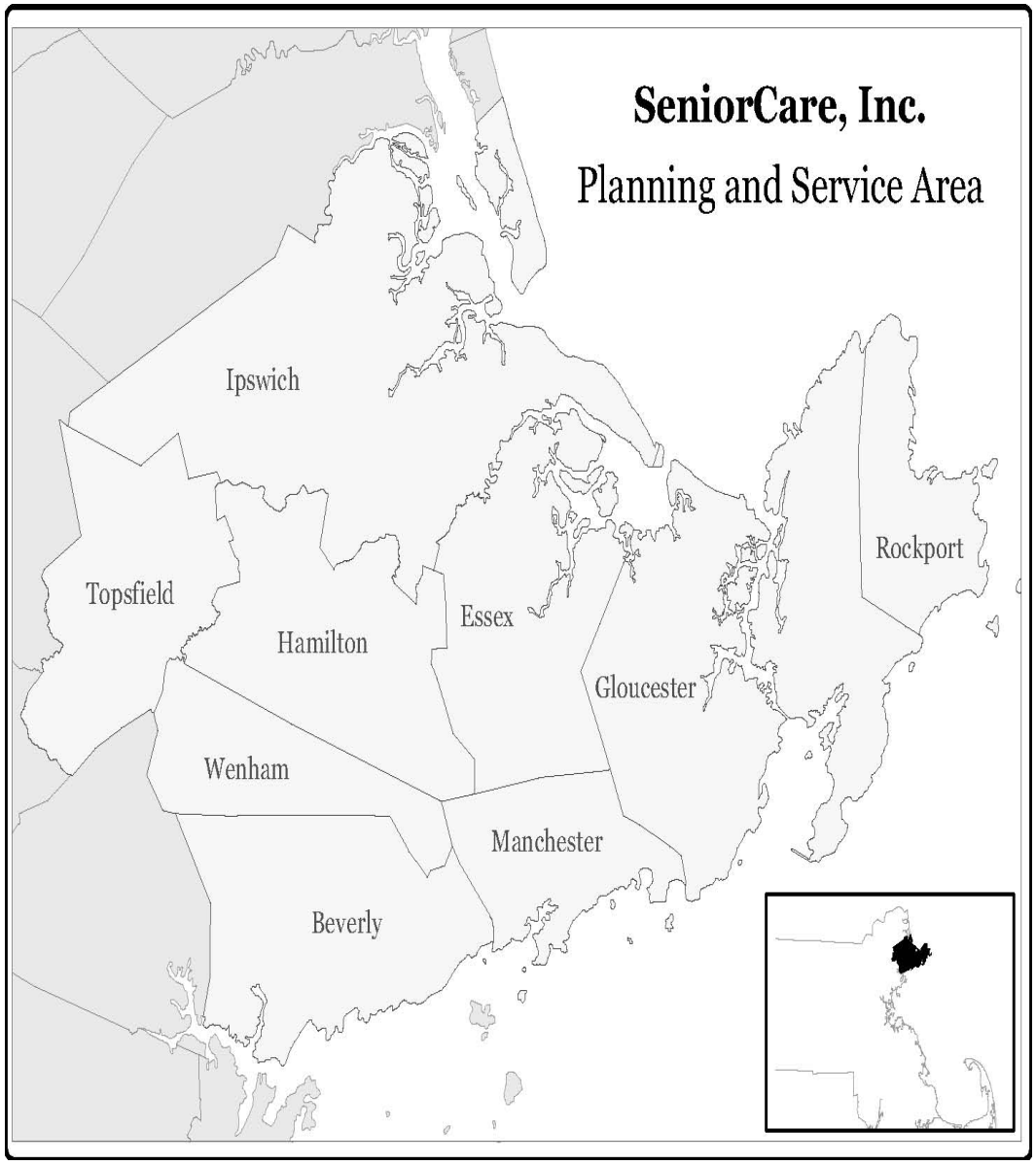
800-835-7575
FAX: 978-750-8053
TDD: 978-624-2244



Old Colony Planning Council
Area Agency on Aging

70 School Street
Brockton, MA 02301

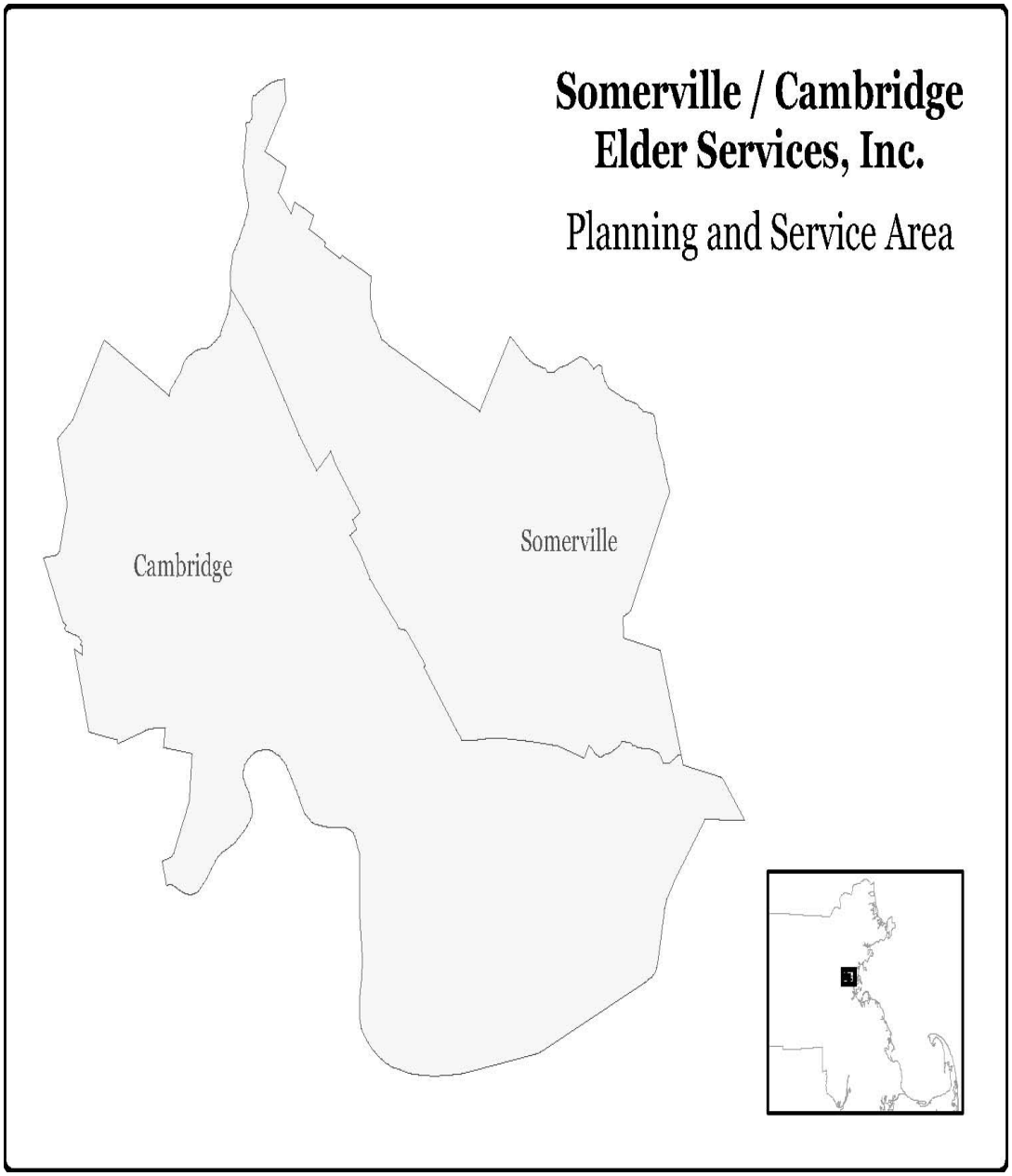
508-583-1833
FAX: 508-559-8768
TTY: 508-559-8768



SeniorCare, Inc.
Area Agency on Aging/Aging Services Access Point

Five Blackburn Center
Gloucester, MA 01930

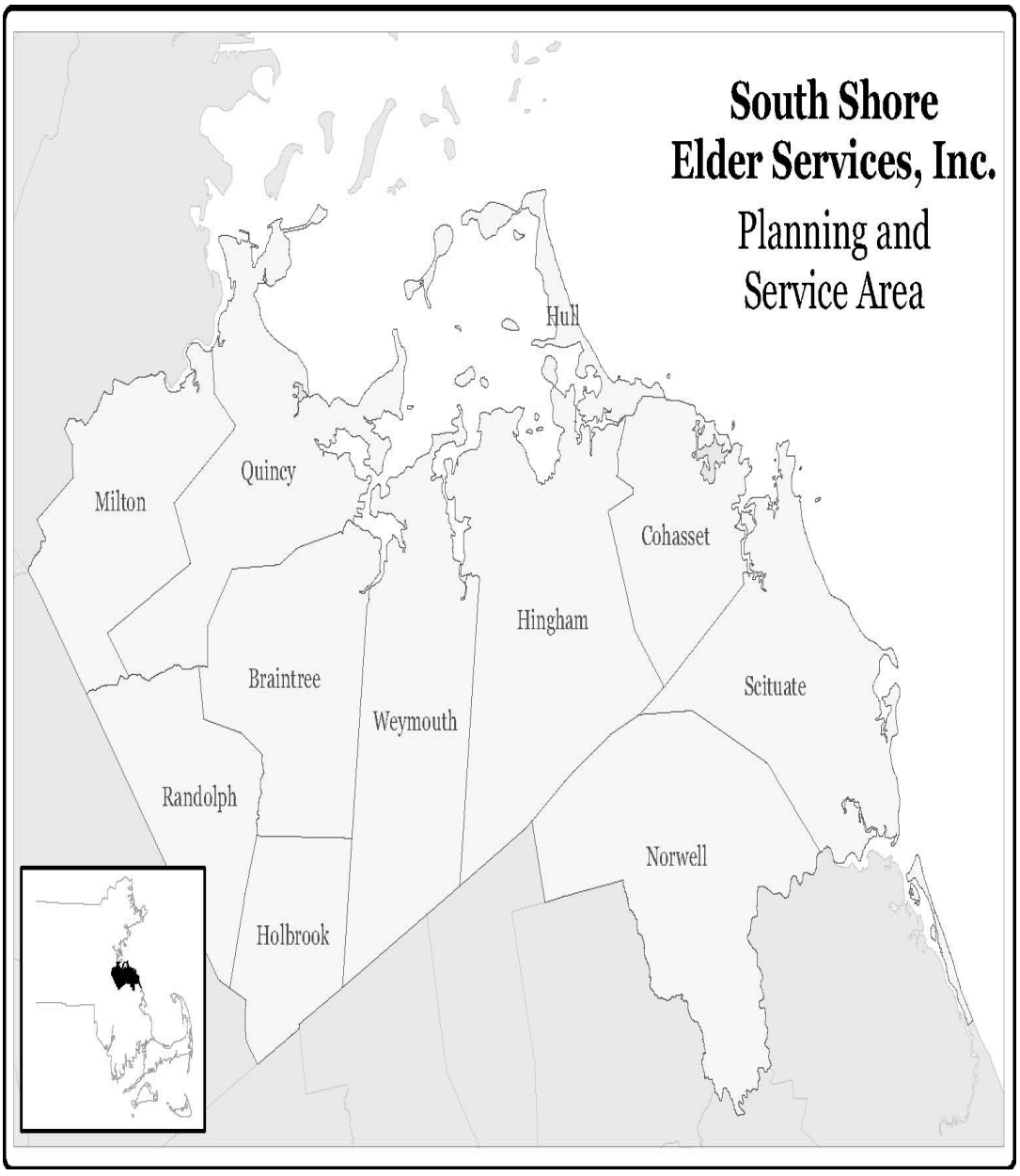
978-281-1750
FAX: 978-281-1753
TDD: 978-468-1193



Somerville/Cambridge Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point

61 Medford Street
Somerville, MA 02143

617-628-2601
FAX: 617-628-1085
TDD: 617-628-1705



South Shore Elder Services, Inc.
Area Agency on Aging/Aging Services Access Point

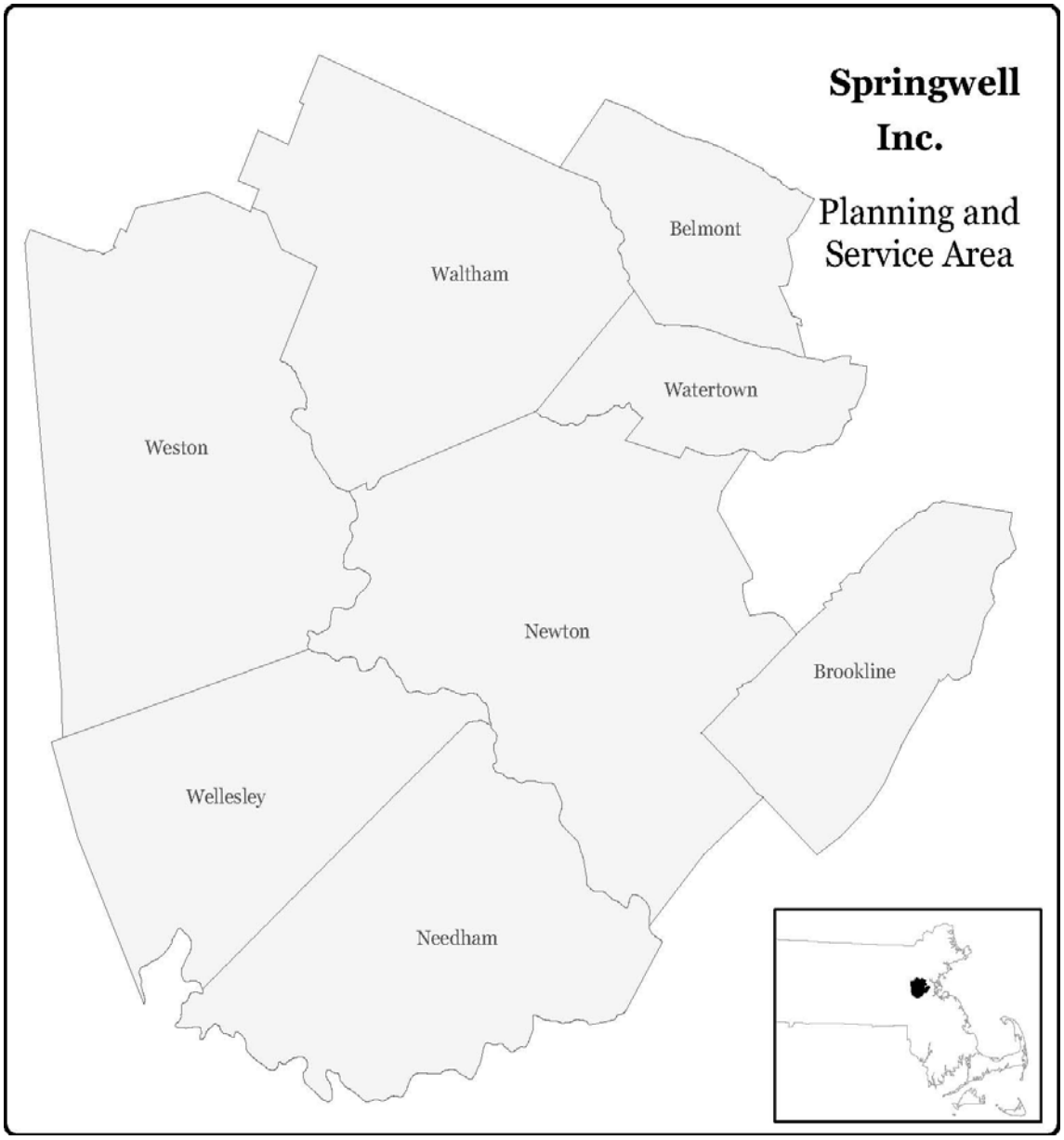
159 Bay State Drive
Braintree, MA 02184

781-848-3910
FAX: 781-843-8279
TDD: 781-356-1992

Greater Springfield Senior Services, Inc.
Area Agency on Aging/Aging Services Access Point

66 Industry Avenue
Springfield, MA 01104

413-781-8800
FAX: 413-781-0632
TDD: 413-272-0399



Springwell, Inc.
Area Aging on Aging/Aging Services Access Point

125 Walnut Street
Watertown, MA 02472

617-926-4100
FAX: 617-926-9897
TDD: 617-926-5717

WestMass ElderCare, Inc.
Area Agency on Aging/Aging Services Access Point

Four Valley Mill Road
Holyoke, MA 01040

413-538-9020
FAX: 413-538-6258
TDD: 800-462-2301

Elder Service Network in Massachusetts - Aging Services Access Points

Listed below are the seven Aging Services Access Points (ASAPs) that do not share physical location with one of the state's twenty-three Area Agencies on Aging. They nonetheless cooperate with that Area Agency on Aging that is geographically proximate. The ASAPs are:

ETHOS
555 Amory Street
Jamaica Plain, MA 02130
(617) 522-6700

Central Boston Elder Services
812 Huntington Avenue
Boston, MA 02155
(617) 277-7416

Boston Senior Home Care
110 Chauncy Street
Boston, MA 02111
(617) 451-6400

Tri-Valley Elder Services, Inc.
Larchar-Branch Building
251 Main Street
Webster, MA 01570
(508) 949-6640

Montachusett Home Care Corp.
Crossroads Office Park
680 Mechanic Street—Suite #120
Leominster, MA 01453
(978) 537-7411

Elder Service of Worcester Area, Inc.
411 Chandler Street
Worcester, MA 01602
(508) 756-1545

Old Colony Elderly Service, Inc.
144 Main Street, P.O. Box 1586
Brockton, MA 02403
(508) 584-1561

ETHOS, Central Boston Elder Services and Boston Senior Home Care work closely with the City of Boston Commission on Affairs of the Elderly Area Agency on Aging. The three ASAPs in central Massachusetts, Tri-Valley Elder Services, Montachusett Home Care Corp., and Elder Services of Worcester Area receive support and cooperation from Central Mass Area Agency on Aging in West Boylston. While the final ASAP, Old Colony Elderly Services collaborates with Old Colony Planning Council Area Agency on Aging and is located on the same block in the city of Brockton.

Intrastate Funding Formula

In mirroring the objectives of the Older Americans Act, the Massachusetts Intrastate Funding Formula targets older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income individuals and those living in rural areas. The purpose of the Elder Affairs Intrastate Funding Formula (the formula) is to allocate funds in accord with the proportion of potential clients in each Planning and Services Area (PSA). Special emphasis is given to individuals 60+ with the greatest economic or social needs who are identified, presumably, by the best demographic data available.

Formula Explanation and Methodology

The Executive Office of Elder Affairs distributes Title III funding using the formula when funds available are in excess of each Area Agencies on Aging Federal Fiscal Year 1984 allocation. A "hold harmless" principle is applied in the application of the formula such that no Area Agency on Aging (AAA) will receive an allocation that is less than its Federal Fiscal Year 1984 allocation. The formula is comprised of six basic components that are weighed as to the relative significance of each component within the total formula. The total of the numerical weights for the weighted components of the formula is ten.

Each PSA's formula funding factor is the sum of its individual percent of state totals of the identified population factors times each factor's weight divided by ten. It is applied to available funding to determine AAA allocations.

Specific components of the formula, together with the numerical weight assigned to each, are the following:

Formula Component	Assigned Weight
1. Proportion of persons aged 75 and over in PSA	1.00
2. Proportion of persons living alone aged 60 and over in PSA	1.50
3. Proportion of low income Persons aged 60 and over in PSA	4.75
4. Proportion of minority Persons aged 65 and over in PSA	1.50
5. Proportion of persons living In rural towns aged 65 and over n PSA	1.00

6. Proportion of persons aged 60 and over in PSA — 1.50

Methodology for using the formula.

Step One — For each Area Agency on Aging:

a. Calculate the 75+ population as a percent of the State's total 75+ population, multiply the results by 1.

b. Calculate the 60+ living alone population as a percent of the State total 60+ living alone population, multiply the result times 1.5.

c. Calculate the 60+ low-income population as a percent of the State's 60+ low-income population, multiply the result times 4.75.

d. Calculate the 65+ minority population as a percent of the State's total 65+ minority population, multiply the result times 2.

e. Calculate the 65+ rural towns population as percent of the State's rural town population, multiply the results times .5.

f. Calculate the 60+ population as a percent of the State's total 60+ population, multiply the results times .25.

g. Add the results of Step One (a) through (f) and divide by 10. This is the formula funding ratio.

Step Two — For each Area Agency on Aging, multiply the funds available for distribution (the amount in excess of the total Federal Fiscal Year 1984 allocation) times each AAA's formula funding ratio.

Step Three — For each Area Agency on Aging; add its Federal Fiscal Year 1984 allocation plus the result of Step Two above. This figure, then, is the Area Agency's current years Title III allocation.

It should be expressly noted that the above formula methodology does not apply to certain categories of program funding under Title III as allocated by Elder Affairs. The exceptions to this formula are:

- The Long Term Care (LTC) Ombudsman Program services in Massachusetts are funded from two sources of Older Americans Act funding. Title III-B Supportive Service funding and Title VII Ombudsman funding are combined

to form the total available funding under the LTC Ombudsman Program. Additionally, the funding distribution of LTC Ombudsman funding to the Area Agencies on Aging in Massachusetts is rooted in a historical base, with any additional funding that may be available, being awarded to the AAA's based on the number of facility beds located in the Planning and Service Area.

- The distribution of Title III-D Health Promotion and Medication Management Program funding is based on a historical basis as well, with its inception dating back to the beginning of the Federal Title III award to Elder Affairs. Additional funding from the Administration on Aging is awarded to the twenty-three AAA's using this formula.

- The funding provided to Elder Affairs for Title III-E Family Caregiver Services Program is distributed to the AAA's in Massachusetts using the Intrastate Funding Formula described above, however, the chief distinction is that the distribution is based solely on the "best demographic data available". That is, the distribution of Title III-E funding is calculated using 2000 Census information; the Federal Fiscal Year 1984 base plays no part in the funding allocation under the Title III-E Family Caregiver Services Program.

The following table, "2006 Estimated Allocation Plan", lists the Area Agencies on Aging and their projected Federal Fiscal Year 2006 allocations for services provided under Title III and VII of the Older Americans Act. The table represents the distribution of funding based on the preceding Intrastate Funding Formula methodology submitted for approval to the Administration on Aging, and the distinct funding as outlined above for LTC Ombudsman services, Title III-D Health Promotion and Medication Management services and Title III-E Family Caregiver services.

Formula Modification

Elder Affairs continues its support of the above Intrastate Funding Formula for Federal Fiscal Year 2006. Our plan is to explore viable adjustments to the formula that would include a review of the basic methodology in support of the distribution of Title III funding in Massachusetts. It is appropriate at this time to work together with the Area Agencies on Aging in Massachusetts to explore the possibilities for a new approach.

The support of the current formula within the Massachusetts State Plan on Aging, 2006-2009, continues through Federal Fiscal Year 2006. It is the intent of the Executive Office of Elder Affairs to amend the Massachusetts Intrastate Funding Formula within the 2006-2009 State Plan on Aging, at such future time for submission to and approval by the Assistant Secretary on Aging at the Administration on Aging.

COMMONWEALTH OF MASSACHUSETTS - EXECUTIVE OFFICE OF ELDER AFFAIRS

FEDERAL FISCAL YEAR 2006 - ESTIMATED TITLE III RESOURCE ALLOCATION PLAN FOR AREA AGENCY ON AGING SERVICES

AREA PLAN ADMINISTRATION, SUPPORTIVE SERVICES, NUTRITION SERVICES, HEALTH PROMOTION SERVICES, MEDICATION MANAGEMENT SERVICES, FAMILY CAREGIVER SERVICES AND LONG TERM CARE OMBUDSMAN SERVICES

AREA AGENCY ON AGING	AREA PLAN ADMINISTRATION	TITLE III - B SUPPORTIVE SERVICES	TITLE III - C NUTRITION SERVICES	TITLE III - D HEALTH PROMOTION SERVICES	TITLE III - D MEDICATION MANAGEMENT SERVICES	TITLE III - E FAMILY CAREGIVER SERVICES	LONG TERM CARE OMBUDSMAN SERVICES	TOTAL TITLE III FUNDING
BAYPATH	$ 109,243	$ 137,484	$ 250,235	$ 7,394	$ 2,509	$ 75,734	$ 58,497	$ 641,096
BERKSHIRE COUNTY	75,304	189,522	335,691	9,902	3,361	105,785	62,391	781,956
BOSTON COMMISSION	311,347	1,094,371	1,932,181	64,220	21,797	510,814	165,501	4,100,231
BRISTOL COUNTY	121,098	296,092	522,959	21,611	7,335	164,958	65,407	1,199,460
CAPE COD & ISLANDS	63,044	273,632	478,430	24,577	8,341	134,604	80,138	1,062,766
CENTRAL MASS	317,927	593,493	1,061,742	33,246	11,284	311,520	243,916	2,573,128
CHELSEA/REVERE/WINTHROP	61,117	127,130	229,299	9,068	3,078	66,842	37,444	533,978
COASTLINE	99,411	231,947	412,570	14,522	4,929	113,141	40,151	916,671
FRANKLIN COUNTY	43,716	154,426	271,145	7,447	2,528	76,960	43,596	599,818
GREATER LYNN	69,740	147,310	263,647	9,064	3,077	84,012	38,554	615,404
HESSCO	45,004	118,294	210,852	5,322	1,806	51,511	43,159	475,948
HIGHLAND VALLEY	42,305	158,425	280,468	8,770	2,976	80,333	41,990	615,267
MERRIMACK VALLEY	149,857	436,492	771,415	27,119	9,205	218,003	114,792	1,726,883
MINUTEMAN	153,111	145,621	271,472	7,968	2,704	77,880	47,192	705,948
MYSTIC VALLEY	112,898	245,793	437,422	14,833	5,035	123,565	-	939,546
NORTH SHORE	43,691	141,675	252,745	5,637	1,913	58,257	113,944	617,862
OLD COLONY P C	162,019	268,783	482,171	16,345	5,547	149,628	102,900	1,187,393
SENIORCARE	29,851	143,978	257,436	4,742	1,609	45,379	42,152	525,147
SOMERVILLE/CAMBRIDGE	105,275	200,063	361,189	10,451	3,547	97,503	37,421	815,449
SOUTH SHORE	114,181	234,275	416,318	12,544	4,258	133,990	59,106	974,672
SPRINGFIELD	84,042	341,660	599,178	20,324	6,898	171,704	65,491	1,289,297
SPRINGWELL	84,907	290,551	513,214	13,575	4,608	134,297	92,040	1,133,192
WESTMASS ELDERCARE	93,785	183,856	331,439	11,050	3,751	79,720	37,758	741,359
TOTALS	**$ 2,492,873**	**$ 6,154,873**	**$ 10,943,218**	**$ 359,731**	**$ 122,096**	**$ 3,066,140**	**$ 1,633,540**	**$ 24,772,471**

State Plan Assurances and Required Activities

The Secretary of the Executive Office of Elder Affairs, as the official signatory for the Office, hereby commits the State Unit on Aging to performing the following listed assurances and required activities and procedures.

General Activities

State Unit on Aging Compliance. In accordance with the Older Americans Act of 1965, as amended, the Executive Office of Elder Affairs (Elder Affairs) has been designated the State Unit on Aging within the Commonwealth of Massachusetts. In that capacity, Elder Affairs accepts the responsibility as the lead agency in Massachusetts for planning, policy development, administration, coordination, priority setting, and evaluation of activities related to the objectives of the Older Americans Act.

State Plan Development. In assuming the role as the State Unit on Aging, Elder Affairs is responsible for developing the Massachusetts State Plan on Aging in accordance with the Older Americans Act and associated regulations, policies and procedures as outlined by the Administration on Aging. The Plan addresses Elder Affairs' role as the leader relative to aging issues on behalf of all older persons in Massachusetts. Each program managed at Elder Affairs, along with each unit within the agency plays a role in the administration and delivery of services to elders and their caregivers and in so doing, supports the State Plan on Aging.

State Plan Amendment. In accord with Older Americans Act regulations, the Executive Office of Elder Affairs is aware of our responsibility to amend the Massachusetts State Plan in accordance with Title III regulations that would necessitate such changes.

Public Participation. The Executive Office of Elder Affairs recognizes the importance of including the views of older persons and the public in developing and administering the State Plan. We continue to engage public comment in our goal to stimulate the development and continued enhancement of comprehensive and coordinated community-based systems for services and programs for the elderly in Massachusetts. In coordination with and support of the twenty-three Area Agencies on Aging in Massachusetts, Elder Affairs continues the long-standing practice of encouraging public and professional participation using a number of methods, that includes a range of stakeholders, including:

- The 2005 Governor's Policy Conference – "The Aging of Massachusetts: Inherent Challenges and Opportunities",
- National Governors Association Meeting – "Rebalancing Long Term Care Policy Academy Team",
- Area Agency on Aging White House Conference on Aging associated listening sessions – "Massachusetts Independent Aging Agenda Events",
- Public hearings linked to State and Area Plan development,
- The four-year Massachusetts Needs Assessment Survey,
- Community focus groups,

- Community presentations by Elder Affairs' personnel, and
- Interaction with and response to public input through the departments' Information and Resources Program through the administration of 1-800-AGE-INFO.

Statewide non-Federal Share Requirements. Elder Affairs is cognizant of the distinct non-Federal match requirements established under the Older Americans Act and has established mechanisms to track and report match reported at both the State and Area Agency levels. Area Agencies on Aging meet match requirements under the various Title III service categories using a variety of funding sources, including, but not limited to; state appropriated funds, county and city government funds, fund raising activity funds, in-kind resources and other local sources of funding.

State Agency Maintenance of Effort. In accord with Title III regulations and Administration on Aging directives, the Executive Office of Elder Affairs meets or exceeds the required non-federal share for both services and administration of State funds under the State Plan.

Confidentiality and Disclosure of Information. The State Agency has implemented policies, procedures, guidelines and training presentations in support of maintaining client confidentiality for persons receiving services under Title III, including the special concerns for those clients receiving legal services. Furthermore, Elder Affairs requires that Area Agencies on Aging are ensuring that relevant or affected service provider's are cognizant of and compliant with relevant provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Evaluation and Monitoring of Programs. The Department has reinitiated on-site monitoring of Title III funded programs and their administration as performed by Area Agencies on Aging. The September 2004 release of Standards and Indicators – Title III Programs establishes benchmarks for high quality operation of Title III Programs and menus of activities in support of achieving them. The monitoring and evaluation process serves to meet requirements under the Older Americans Act as well as providing a means and method for Area Agencies on Aging and Elder Affairs to directly partner and cooperate toward achieving the best quality of services for the Commonwealth's elders.

Compliance with Grant Requirements. Elder Affairs is attentive and accountable for assuring compliance with programmatic reports required under the plan, additionally, the State agency is responsible for maintaining appropriate fiscal control and accounting procedures as outlined in the agency's Internal Control Plan as a means to provide accountability, encourage management practices, and facilitate audit preparation. Moreover, external controls provide oversight in ensuring that proper procedures and policies are maintained, and include the following State agencies:

Executive Office of Administration and Finance	Fiscal Affairs Division
Human Resources Division	Operational Services Division
Information Technology Division	Comptrollers Office
Treasurers Office	Auditors Office

Client Preference and Participation. The State agency preserves the Older Americans Act mandate that funding be made available for the provision of services to persons sixty (60) years of age or older with preference in service delivery to older persons in greatest social or economic need. Additionally, services under Title III programs are provided by the Area Agencies on Aging without use of any means test.

Voluntary Contribution Policy. In connection with the voluntary contribution policies as outlined in 45 CFR 1321.67, Elder Affairs has established guidelines and methods to ensure that Area Agencies on Aging have instituted policies and approved procedures that address the proper observances to client confidentiality and the voluntary nature of solicited client contributions.

Priority Services. As required under the Older Americans Act, Section 307 (a)(2)(C), Elder Affairs has established a minimum proportion of the funding received by each Area Agency on Aging in the state under Part B of the Act, be mandated for the provision of certain priority services; access, in-home and legal services. The following indicates the minimum funding percentages for priority services:

Access Services	two (2) percent of Part B funding available.
In-home Services	two (2) percent of Part B funding available.
Legal Services	eight (8) percent of Part B funding available. The figure for legal services is based on a minimum standard plus an individual maintenance of effort required separately of each Area Agency on Aging.

Direct Service Provisions and Case Management Services. The Plan presents that no supportive services, nutrition services, or in-home services are provided directly by the State agency or an Area Agency on Aging unless the provision of such services meets the conditions as delineated within the Older Americans Act. Additionally, Area Agencies on Aging providing case management services under State sponsored programs are maintained and continued throughout the period of the 2006-2009 State plan. Area Agencies on Aging provide case management services to clients that include a comprehensive, interdisciplinary needs assessment and the development of a care plan to address the documented needs of clients. Elder Affairs also allows Area Agencies on Aging to directly provide information and assistance services and outreach.

Older Americans Act Assurances

Section 305, Organization

Section 305 (a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

Section 305 (a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with

matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

Section 305 (a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

Section 305 (a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

Section 305 (a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 305 (c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Section 306, Area Plans

The Executive Office of Elder Affairs assures that the following assurances will be met by the twenty-three designated Area Agencies on Aging in Massachusetts.

Section 306 (a)(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

> (A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
>
> (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
>
> (C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Section 306 (a)(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

Section 306 (a)(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

Section 306 (a)(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall—

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

Section 306 (a)(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English-speaking ability; and

(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(ii) inform the older individuals referred to in (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance.

Section 306 (a)(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

Section 306 (a)(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

Section 306 (a)(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

Section 306 (a)(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Section 306 (a)(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

Section 306 (a)(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—

> (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
>
> (ii) the nature of such contract or such relationship.

Section 306 (a)(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

Section 306 (a)(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

Section (a)(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

Section 306 (a)(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Section 306 (a)(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Section 307, State Plans

Section 307 (a)(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

Section 307 (a)(7)(B) The plan shall provide assurances that—

> (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any

subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Section 307 (a)(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

Section 307 (a)(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307 (a)(11)(A) The plan shall provide assurances that area agencies on aging will—

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Section 307 (a)(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Section 307 (a)(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

Section 307 (a)(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Section 307 (a)(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

Section 307 (a)(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

Section 307 (a)(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking

ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Section 307 (a)(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

Section 307 (a)(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

Section 307 (a)(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Section 307 (a)(19) The plan shall include the assurances and description required by section 705(a).

Section 307 (a)(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

Section 307 (a)(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

Section 307 (a)(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Section 307 (a)(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

Section 307 (a)(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

Section 307 (a)(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

Section (a)(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Section 308, Planning, Coordination, Evaluation and Administration of State Plans

Section 308 (b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Section 705, Additional State Plan Requirements (as numbered in statute)

Section 705 (a)(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

Section 705 (a)(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

Section 705 (a)(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

Section 705 (a)(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

Section 705 (a)(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

Section 705 (a)(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social

service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Required Activities

Section 307, State Plans

Section 307 (a)(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

Section 307(a)(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

Section 307 (a)(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including

evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas.

Section 307 (a)(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

Section 307 (a)(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

Section 307 (a)(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

_____ _____

Jennifer Davis Carey Date

Secretary of Elder Affairs
Title